MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223- 61661

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Wash. San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9517 Sabrook Ave.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Abramovitz (Last) →

4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug. 25, 1887
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Hoffa
14. MOTHER'S MAIDEN NAME Anna B. Klavansky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 30 hours

Antecedent cause(s) (b) Coronary Artery Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

420.1
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1950, to Feb 26, 1950, that I last saw the deceased alive on Feb 26, 1950, and that death occurred at 5 27 A m., from the causes and on the date stated above.

SIGNATURE Boris Rabkin, M.D. (Degree or title) ADDRESS 1200 Lebanon Street, Silver Spring Md DATE SIGNED Feb 26 1950

23. BURIAL, CREMATION REMOVAL (Specify) DATE 2-27-50 NAME OF CEMETERY OR CREMATORY Georgewashington Cemet. LOCATION (City, town, or county) Md. (State)

DATE REC'D BY LOCAL REG. 2/28/50 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR B Danzansky & Son 3501-14 St NW Wash. D.C. ADDRESS

260

I

M

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1950
BUFFALO, N. Y.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01662 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 104 Spring St. Ch.Ch. Md.

3. NAME OF DECEASED (Type or Print)	(First) Agnes	(Middle) Hoffman	(Last) Allen	4. DATE OF DEATH	(Month) 2 (Day) 7 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9/3/1873	9. AGE last birthday 76 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME - Polland		14. MOTHER'S MAIDEN NAME Suzanna Elizabeth Hoffman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS C.B. Allen-104 Spring St. Ch.Ch.,Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis.	3 days
332x Antecedent cause(s)		
63b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hyperthyroidism	15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Feb, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 7 15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis J Murray	MD	2111 Bancroft Pl NW, Wash DC	Feb 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/10/50	NAME OF CEMETERY OR CREMATORY Union Cemetery	LOCATION (City, town, or county) (State) Leesburg, Virginia
DATE REC'D BY LOCAL REG. 2/8/50.	REGISTRAR'S SIGNATURE Helen Kurvack	24. FUNERAL DIRECTOR The S. H.Hines Co.-2901 14th St. NW	ADDRESS Washington, D.C.

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01663

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg
STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) F. (Last) Andrews
4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-4-1893
9. AGE last birthday: 56 yrs. If under 1 year: Months. If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10b. KIND OF BUSINESS OR INDUSTRY: Florist
11. BIRTHPLACE (State or foreign country): Clarksburg. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. Andrews
14. MOTHER'S MAIDEN NAME: Anna M. Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Brother Mr. John T. Andrews.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intra-Cranial Hemorrhage, right.	7 days
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive-Cardio-Vascular Disease, Severe	Unknown
	(c) Nephrosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1950, to Feb. 19, 1950, that I last saw the deceased alive on Feb. 19, 1950, and that death occurred at 7 16 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Jack Schumacher M.D. | Gaithersburg, Md. | Feb. 21, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb 22 19 | NAME OF CEMETERY OR CREMATORY: Clarksburg Grd | LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: 2/22/50 | REGISTRAR'S SIGNATURE: Helen Burrack | 24. FUNERAL DIRECTOR: Roy W. Barber | ADDRESS: Poolesville Md

15675

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01664

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rectory
STREET ADDRESS (If rural, give location) #1 Mavel Place

3. NAME OF DECEASED (Type or Print): (First) Craig (Middle) Carlton (Last) BAUER
4. DATE OF DEATH (Month) 2-17-50 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-17-50
9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard A. BAUER
14. MOTHER'S MAIDEN NAME: MargaLee Louise Holst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Father: Richard A. Bauer, same as item

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 **Immediate cause** (a) Congenital Heart - trichambered — #2 — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

157.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 FEB, 19 50 to 17, FEB, 19 50, that I last saw the deceased alive on 17, FEB, 19 50, and that death occurred at 1242 P m., from the causes and on the date stated above.

SIGNATURE P. Peterson (Degree or title) ADDRESS DATE SIGNED

P. PETERSON, Captain, MC, USN, U.S. Naval Hospital, Bethesda. Md 2-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 2-17-50
NAME OF CEMETERY OR CREMATORY: Pathology Department Naval Medical School
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2-20-50
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR: None employed ADDRESS

2-0-2-17-0-27-3-34-X

RECEIVED
FEB 21 1950
RIVERTAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

01665

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 811- Burlington Avenue
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 811 - Burlington Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Philipine Insurrection

3. (a) FULL NAME Charles Alverado Benson-

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) August 25, 1879

8. AGE: Years 70 | Months 5 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Alton Illinois (Town, county, and state)
10. Usual occupation Retired
11. Industry or business Dept Of Interior-
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden name
15. Birthplace
16. Informant Friend- Albert Hall-
Address 811- Burlington Ave. Sl. Sp Md
17. Removal (Burial, cremation, or removal. Which?) Date thereof February 28 1950 (month) (day) (year)
Cemetery or crematory Arlington Nat'l Cem
Location Arlington Va.
18. Funeral director Frank Geiers Sons Co
Address 3605-14 St NW Wash. D.C.
19. 2/24/50 (Date rec'd by registrar) 19 Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1950, at 8 45 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-8- 1948, to 2-23 1950, and that I last saw him alive on 2-18 1950.
Immediate cause of death Myocardial Failure — DURATION 24 hours
Due to Arteriosclerotic Heart disease — 5 yrs
Due to
Other conditions Cerebral arteriosclerosis
4200
(Include pregnancy within 8 months of death)
Major findings: 93d
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE James J. Whisman M.D. M. D. or other
Address 2500-Quest N.W. D.C. Date signed 2-23-50

XVX 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01666

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 44 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6410 Connecticut Avenue, N.W.

3. NAME OF DECEASED (Type or Print): (First) Lucretia (Middle) Haynes (Last) Blackman

4. DATE OF DEATH: (Month) FEB (Day) 13, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-25-99

9. AGE last birthday: 50 yrs. If under 1 year Months: 8 Days: 18 If under 24 hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemistress girls school

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anniston, Alabama

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Dredzile Haynes

14. MOTHER'S MAIDEN NAME: Rosa Woodruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leukemia, Plasma cell — Interval Between Onset and Death: 2 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 204.4 (c) 74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16, JAN 1950, to 13, FEB 1950, that I last saw the deceased alive on 13, FEB 1950, and that death occurred at 6:15P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E.M.SPAULDING, CDR, MC, USN ADDRESS U.S.Naval Hospital, Bethesda, Md. DATE SIGNED 17 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 2-15-50
NAME OF CEMETERY OR CREMATORY: Cemetery at Oxford
LOCATION (City, town, or county) (State): Oxford Alabama

DATE REC'D BY LOCAL REG. 17 Feb 50
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey, 7567 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
FEB 20 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01667

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2935 28th Street, NW

3. NAME OF DECEASED (Type or Print): (First) Schuyler (Middle) Otis (Last) BLAND

4. DATE OF DEATH: (Month) 2-16-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-4-72

9. AGE last birthday: 77 yrs. — If under 1 year: Months 9 Days 12 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Congressman/Virginia

10b. KIND OF BUSINESS OR INDUSTRY: Govt

11. BIRTHPLACE (State or foreign country): Gloucester

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Schuyler Bland

14. MOTHER'S MAIDEN NAME: Olivia Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular accident — 10 minutes

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 83a (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14, FEB, 19 50, to 16, FEB, 19 50, that I last saw the deceased alive on 16, FEB, 19 50, and that death occurred at 8:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R.C. PARKER Jr, CDR, MC, USN, U.S.Naval Hospital, Bethesda, Md

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 2-16-50 — NAME OF CEMETERY OR CREMATORY: Greenlawn — LOCATION (City, town, or county) (State): Newport News, Virginia

DATE REC'D BY LOCAL REG.: 2-16-50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Hysong Funeral Home, 1300 N, St N.W. Washington, D.C.

11297

RECEIVED
FEB 17 1950
N. BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01668

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 604 Sheridan St. N.W.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Harwood (Last) Bott

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-9-88

9. AGE Last birthday: 61 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Petersburg, Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Luke Bott

14. MOTHER'S MAIDEN NAME: Lottie Shackelford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Hemorrhagic Pancreatitis with	7-10 days
Antecedent cause(s)	gall stone obstructing Ampulla Vater	
587.0		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Pneumonia	2 days
128	(c) Right Cerebral Softening	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Latent Syphilis, Cholelithiasis	years

028.2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 2-3, 1950, to 2-11, 1950, that I last saw the deceased alive on 2-10, 1950, and that death occurred at 2:16 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Peter K. Mealy M.D. — ADDRESS: Takoma Park 12 Md. — DATE SIGNED: 2-11-50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 2/13/50 — NAME OF CEMETERY OR CREMATORY: Mt Hebron Cem — LOCATION (City, town, or county) (State): Honolulu Va

DATE REC'D BY LOCAL REG. 2/14/50 — REGISTRAR'S SIGNATURE: J. F. Wilson D.C.H.

24. FUNERAL DIRECTOR: The S. H. Hines Co — ADDRESS: 2401 14th St. N.W. Wash. D.C.

RECEIVED
FEB 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01669

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 Sycamore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural give location): 18 Sycamore Ave

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) Luella (Last) Bowen

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1950

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify):

8. DATE OF BIRTH: Mar 8 1868

9. AGE last birthday: 8[illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Keene N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac N Russell

14. MOTHER'S MAIDEN NAME: Lydia Washburd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr I. E. Bowen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage;	2/5/50
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Gen Arteriosclerosis & Hypertension	1942
	(c) Chr Deg Myocarditis	1932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1932 to Feb 6, 1950, that I last saw the deceased alive on 2/6, 1950, and that death occurred at 8 45 p.m., from the causes and on the date stated above.

SIGNATURE: Howard V Rouse — (Degree or title): MD — ADDRESS: 28 Carroll Ave Takoma Park Md — DATE SIGNED: 2/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 9, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Forest Pk Ave. Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REG.: 2/6/50 — REGISTRAR'S SIGNATURE: J William Dodd

24. FUNERAL DIRECTOR — ADDRESS: J. Arthur Walters, 254 Carroll St. NW. Wash. D.C.

VS. A15

RECEIVED
FEB 8 1950
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1670

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3208 Coquelin Terrace	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 3208 Coquelin Terrace
3. NAME OF DECEASED (Type or Print): (First) MINNA (Middle) BRICKHOUSE (Last) BOYD	4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Aug 16 1894
9. AGE last birthday: 55 yrs.	If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Norfolk, Va	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lewis Brickhouse	14. MOTHER'S MAIDEN NAME: Mary Egerton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. M. W. Bush 3208 Coquelin Terrace Chevy Chase Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153K **Immediate cause** (a) Carcinomatosis — Interval between onset and death: 3 months

Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of colon

(c) adenocarcinoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 13 49	19b. MAJOR FINDINGS OF OPERATION: carcinoma of colon c Metastasis	20. AUTOPSY? Yes ☐ No ☒	
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct, 1949, to Feb 12 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 8.45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Russell L Payne MD 1801- Eye St. NW. Feb 12 -50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 2-15-50	NAME OF CEMETERY OR CREMATORY Glenwood Cemetery	LOCATION (City, town, or county) Washington	(State) DC.
DATE REC'D BY LOCAL REG. Feb 13/50	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR The D A Hines Co	ADDRESS Wash. D.C.	

VS-A15

RECEIVED
FEB 16 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01671

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
STREET ADDRESS (If rural, give location): Spring Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MINA CHURCH BRANN,

4. DATE OF DEATH (Month) (Day) (Year): February 7 1950

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb. 8, 1876
9. AGE last birthday: 73 yrs. — If under Months: — 1 year Days: — If under 24 hrs. Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gardner L. Church
14. MOTHER'S MAIDEN NAME: Adeline Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Berlin G. Brann, Cabin John, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331 X	Immediate cause	(a) Cerebral Hemmorhage - Onset	Feb 1, 1950
	Antecedent cause(s)		7 days
83a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Many years
		(c) Arthritis	" "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 6, 1949 to Feb 7, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bradley D Hodgkins MD
ADDRESS: 313 W Bradley Lane
DATE SIGNED: Feb 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE: Feb. 10, 1950
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory
LOCATION (City, town, or county) (State): Prince George's Co., Md.

DATE REC'D BY LOCAL REG.: 2-8-50
REGISTRAR'S SIGNATURE: Helen Kurvack
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: Silver Spring, Md.

RECEIVED
FEB 10 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

81672

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3600 Connecticut Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) (n) (Last) BROOKE

4. DATE OF DEATH: (Month) FEB. (Day) 26, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-29-67

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days: 3 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Nurse

10b. KIND OF BUSINESS OR INDUSTRY: U S Navy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Brooke

14. MOTHER'S MAIDEN NAME: Florenec Cantee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Niece: Florenec Parker, Thremont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

420.0 Antecedent cause(s)

930 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22, FEB, 19 50 to 26 FEB, 19 50, that I last saw the deceased alive on 26, FEB, 19 50, and that death occurred at 545 A m., from the causes and on the date stated above.

SIGNATURE M. M. Driskell (Degree or title) ADDRESS DATE SIGNED

M.M. DRISKELL, CDR. MC. USN. U.S. Naval Hospital, Bethesda, Md. 2-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-1-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-27-50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, 1400 Chapin St, NW. Washington, DC

W. W. Howard V3697

RECEIVED
FEB 28 1950
BUREAU OF

Evidence for change of age shown on:

FILM No. G 124 FEB 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01673

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wash. D.C.
STREET ADDRESS (If rural, give location): 1516 Newton St. N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs. Laura Brotherton

4. DATE OF DEATH (Month) (Day) (Year): Feb 14 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 19, 1865
9. AGE last birthday: ~~85~~ 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James P. Chandler.
14. MOTHER'S MAIDEN NAME: Mary F. Gould.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Nursing Home Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 1 day

443x Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral & general arteriosclerosis c̄ hypertension — Not known

(c) Left sided heart disease — Not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1950, to 2-14, 1950, that I last saw the deceased alive on 2-13, 1950 and that death occurred at 11 40 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): Rogers M.D. ADDRESS: 9601 Sutton Pl., Silver Spring DATE SIGNED: 2-14-50 Md.

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 2-14-50
NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery
LOCATION (City, town, or county) (State): Wash. DC

DATE REC'D BY LOCAL REG.: Feb 15/50
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Deal Funeral Home
ADDRESS: 4812 Ga Ave. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

RECEIVED
FEB 17 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01674

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 30 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY Dauphin Dolt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersburg
STREET ADDRESS (If rural, give location) 176 Center st

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) Gilbert (Last) Brubaker
4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Aug 15, 1874
9. AGE last birthday 75 yrs. If under 1 year Months 6 Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Charles Gilbert
14. MOTHER'S MAIDEN NAME Lydia Gleim
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Richard Brubaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: approximately 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1950, to Feb 21, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE George Sharpe (Degree or title) M.D. ADDRESS 6900 Wisconsin Ave Chevy Chase 15, MD. DATE SIGNED Feb 21 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial-
DATE Feb. 24, 1950
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) Millersburg (State) Pa.

DATE REC'D BY LOCAL REG. 2-22-54
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1950
BUREAU P. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01675

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washing San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 304 Rittenhouse St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Sydney (Last) Bryant

4. DATE OF DEATH (Month) February (Day) 19th (Year) Friday 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-15-78
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Government Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi Bryant
14. MOTHER'S MAIDEN NAME Ellen S. Salley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hosp Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart Dis. — INTERVAL BETWEEN ONSET AND DEATH ?

420.0 Antecedent cause(s) Acute posterior coronary occlusion c̄ infarction 4 days

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock and anuria

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1949, to Feb 10, 1950, that I last saw the deceased alive on 2/10/, 1950, and that death occurred at 5:07 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Wolohan. MD
ADDRESS 500 Underwood St NW Wash. D.C.
DATE SIGNED FEB 10 1950

23. BURIAL, CREMATION REMOVAL (Specify)
DATE 2/13/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem
LOCATION (City, town, or county) (State) Ft Georges Md

DATE REC'D BY LOCAL REG. 2/10/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR The S. H. Hines Co. Washington D.C.
ADDRESS 2901-14th St NW

XVX 97

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0:1676

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ~~7120 Radnor Rd~~ Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural, give location) 7120 Radnor Rd

3. NAME OF DECEASED (Type or Print): (First) William. (Middle) Eden (Last) Burchfield.

4. DATE OF DEATH: (Mooth) Feb. (Day) 21 (Year) 1950

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: 27 Sept 1869. — 9. AGE last birthday: 80 yrs. — If under 1 year: Mooths. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired): Printer + director of Presses. — 10b. KIND OF BUSINESS OR INDUSTRY: Gov. Printing Off. — 11. BIRTHPLACE (State or foreign country): Illinois — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John G. Burchfield. — 14. MOTHER'S MAIDEN NAME: Margret Baumgartner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown): Yes — (If year, give war or dates of service): 1936-1938 — 16. SOCIAL SECURITY No.: None. — 17. INFORMANT AND ADDRESS: Same as above. Daughter Mrs. Yolond Pilgren.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cereberal (Hemarrhage) Thrombosis.	72 hr.
Antecedent cause(s) Diseases or conditions, if any, giviog rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis.	30yr.
	(c) Diabetes.	22yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions cootributing to the death but not related to the disease or condition causing death. Diabetic Retinitis Bilateral. Deafness. — 5yr.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept, 1947, to 21 Feb, 1950, that I last saw the deceased alive on 21 Feb, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John G. Ball MD 7936 Georgetown Rd. Bethesda Md. 21 Feb 1950.

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 2/22/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG. 2-22-50 — REGISTRAR'S SIGNATURE: Helen Kurvacks — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md

J 310-9

RECEIVED
FEB 24 1950
BUREAU V. S.

1677

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clagettsville MD
LENGTH OF STAY (in this place) 85 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clagettsville, MD.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Jack (Middle) (Last) Cain

4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 14, 1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drilling
10b. KIND OF BUSINESS OR INDUSTRY Wells
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Cain
14. MOTHER'S MAIDEN NAME Ella Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ralph Watkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, bilateral	2 days
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1947, to February 18 1950, that I last saw the deceased alive on February 18, 1950, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE James P. Kerr M.D. (Degree or title) ADDRESS Damascus, Md. DATE SIGNED Feb. 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 20 1950
NAME OF CEMETERY OR CREMATORY Montgomery
LOCATION (City, town, or county) (State) Clagettsville, MD.

DATE REC'D BY LOCAL REG. Feb. 20, 1950
REGISTRAR'S SIGNATURE Della N. Burdette
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville, MD.

496 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01678

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 753 Silver Spring Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 753 Silver Spring Ave.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Robert (Last) Carroll

4. DATE OF DEATH (Month) Feb. (Day) 5 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 1 1890

9. AGE last birthday 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder

10b. KIND OF BUSINESS OR INDUSTRY Printing Co.

11. BIRTHPLACE (State or foreign country) Raleigh, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James R. Carroll

14. MOTHER'S MAIDEN NAME Elizabeth Wald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-03-8327

17. INFORMANT Sadie Branch Carroll - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	6 mos.
	(c) Diabetes Mellitus	6 mos.

260
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949, to Feb., 1950, that I last saw the deceased alive on 2-4, 1950, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. B. Snow M.D. ADDRESS Silver Spring, Md. DATE SIGNED 2/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 8, 1950

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REG. Feb 6/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, Inc. Silver Spring, Md.

49614

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 8 1950
BUREAU T. S.

01679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD~~

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural, give location) 4 Magnolia Parkway.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Bella (Last) Carter
4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1950

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow.
8. DATE OF BIRTH 14 Aug 1869
9. AGE last birthday 80 yrs. If under 1 year: Months 7 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None. Housewife.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Veron New Jersey.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — James E Rhodes.
14. MOTHER'S MAIDEN NAME Rhodes. ~~Not Known~~ Mary Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS — Dr Nicholas Carter - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion.	12 hr.
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis. Generalized.	30 yr.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Feb., 1950, to 19 Feb., 1950, that I last saw the deceased alive on 19 Feb., 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md. DATE SIGNED 19 Feb 50

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE 2/22/50
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2-21-50
REGISTRAR'S SIGNATURE Helen Kurvack Jr.
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 MAR 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11680

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Barnsley (Last) Cashell

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 13, 1885

9. AGE last birthday: ~~65~~ 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Olney, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: G.T. Barnsley

14. MOTHER'S MAIDEN NAME: M. Willard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis + Nephritis — 7 days

585X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93e (b) Cholecystitis, with Jaundice — 21 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/7/50

19b. MAJOR FINDINGS OF OPERATION: Hepatitis Cholecystitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/, 1950, to 2/15/, 1950 that I last saw the deceased alive on 2/14/, 1950, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Sandy Spring Md DATE SIGNED: 2/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-17-50 — NAME OF CEMETERY OR CREMATORY: Brookville Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md

DATE REC'D BY LOCAL REG. 2-16-50 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Robert A. Pumphrey Sr ADDRESS:

RECEIVED
FEB 24 1960
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY ~~Bethesda~~ Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 116 "C" Street, NW

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) Woofin (Last) COBB

4. DATE OF DEATH: (Month) (Day) (Year) FEB 25, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-29-88

9. AGE last birthday: 61 yrs. If under 1 year: Months 8 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Journeyman

11. BIRTHPLACE (State or foreign country): Brooks, Georgia

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: William Cobb

14. MOTHER'S MAIDEN NAME: Annette Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Sister: Dollie Hoffsetter, Milner, Ga.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vascular Disease	2 years
Antecedent cause(s)	(b) Congestive Heart Failure	2 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Renal, Nephrosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 FEB, 19 50, to 25 FEB, 19 50, that I last saw the deceased alive on 25 FEB, 19 50, and that death occurred at 6:35 A m., from the causes and on the date stated above.

SIGNATURE J.K.Leverett (Degree or title) ADDRESS J.K.LEVERETT, LTJG, MC, USN, U.S.Naval Hospital, Bethesda, Md. DATE SIGNED 2/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-01-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-27-50
REGISTRAR'S SIGNATURE: Elizabeth Willett Elizabeth Willett
24. FUNERAL DIRECTOR AND ADDRESS: W.W.Chambers, 1400 Chapin St, NW, Washington, D.C.

30849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01682

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) (1-31-50) (2-2-50)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg'y
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Maryland
STREET ADDRESS (If rural, give location) 108 Battery Lane

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) (Last) Comras.

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: about 1872 Unknown

9. AGE last birthday: 78 yrs.? — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Latvia

12. CITIZEN OF WHAT COUNTRY? U.S. of N. Amer.

13. FATHER'S NAME: Leo Hellerman

14. MOTHER'S MAIDEN NAME: Pearl Bernstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Betty Achenstein (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction — Small bowel complete — 26 Jan 1950.

561.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

122a

(b) Femoral Hernia Right - incomplete — years.

(c) ~~Infection~~ Rheumatic Heart Disease — 50 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - Hypertension

19a. DATE OF OPERATION: 27 Feb 1950

19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction complete from Femoral Hernia.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 April, 1947, to 27 Feb, 1950, that I last saw the deceased alive on 1 Feb, 1950, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Bell M.D. 7936 Georgetown Rd Beth. Md. 2 Feb 1950.

23. BURIAL / CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 2-3-50 — NAME OF CEMETERY OR CREMATORY Geo. Wash. mem. — LOCATION (City, town, or county) (State) Hyattsville, Md.

DATE REC'D BY LOCAL REG. 2-2-50 — REGISTRAR'S SIGNATURE Helen Kurvach — 24. FUNERAL DIRECTOR ADDRESS B Danzansky & Son 3501-14th St. N.W. Wash, D.C.

VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 11683 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Cowan

4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-24-'84

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): S. C

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Sudduth (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 378-05-9278

17. INFORMANT: Catherine Cowan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac dilitation	½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular heart disease	1 yr.
	(c)	

421.4
92d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Borchart M.D. | Gaithersburg Md | 2-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 2-13-50 | | Washington, DC.

DATE REC'D BY LOCAL REG. 2/13/50 | REGISTRAR'S SIGNATURE Louise B. Humphrey | 24. FUNERAL DIRECTOR | ADDRESS

John T. Stewart | 30 H. St. N.E. Washington, DC

98849

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

P1684

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,764 Colesville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 10,764 Colesville Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Myron	Crawford	Feb	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 16, 1904	45 yrs.				

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Radio	Martinsburg, West Virginia	

13. FATHER'S NAME: Charles F. Crawford
14. MOTHER'S MAIDEN NAME: Catherine L. Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW 2	577-20-2184	Mrs. Ethel Jeary Crawford - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: diabetes — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg md	2-28-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/50	Arlington National Cem.	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 1 '50	Frances Potter	Warner E. Pumphrey Inc.	Silver Spring, Md.

33635

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01685

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 1 da. 16 hr. 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sayhill
STREET ADDRESS (If rural give location) Silver Spring, R#1 -

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Virginia (Last) DAVIS
4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: April-18-1919
9. AGE last birthday: 30 yrs.
If under 1 year: Months; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Gaithersburg, Maryland.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William Andrew Carter
14. MOTHER'S MAIDEN NAME: Mary Edith Howes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

623 X **Immediate cause** (a) Pulmonary Embolism — 12 hrs.

139a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Phlebothrombosis following operation — 24 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probable cronic nephritis — Unknown

19a. DATE OF OPERATION: 1/31/50
19b. MAJOR FINDINGS OF OPERATION: Chronic salpingitis + fibrosis uteri.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..., 19 46, to Feb 7, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 12 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Richard A Yater M.D. Rt. Silver Spring, Md. 2/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/11/50
NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery
LOCATION (City, town, or county) (State): Gaithersburg Md.

DATE REC'D BY LOCAL REG. Feb 9-50
REGISTRAR'S SIGNATURE: Gertrude B Lawler
FUNERAL DIRECTOR: Robert C. Humphreys
ADDRESS: Bethesda 14, Md.

VS. A15

RECEIVED
FEB 24 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1686

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 10 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Pine Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 28 Pine Ave

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) Homer (Last) Durland
4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 19 50

5. SEX: Male | 6. COLOR OR RACE: White | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: May 3 1890 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Forest City, Iowa | 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Henry Durland | 14. MOTHER'S MAIDEN NAME: Flora Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Virginia Durland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia at base Virus	2/6-11/50
	(c) Bilat. Hydroplastic Kidney Disease	1948

492X
109

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1948 | 19b. MAJOR FINDINGS OF OPERATION: Transurethral Resection for Median Bar Obst | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 19 41, to Feb 16, 19 50, that I last saw the deceased alive on 2/16, 19 50, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard Bruce MD | ADDRESS: 98 Carroll Ave Takoma Park Md | DATE SIGNED: 2/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb 18, 1950 | NAME OF CEMETERY OR CREMATORY: Geo. Washington Memorial Cemetery | LOCATION (City, town, or county): Rigg Rd. Pr. Geo. Co. | (State): Md.

DATE REC'D BY LOCAL REG. 2/17/50 | REGISTRAR'S SIGNATURE: Thomas Dodd

24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. NW | ADDRESS: Wash. 12 DC

49699

RECEIVED
FEB 21 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01687

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney, Md.
LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Co. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burtonsville
STREET ADDRESS (If rural give location): none

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie		EMBREY	Feb.	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Feb. 3, 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Own Home	Burtonsville, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Barry Robey	Marion Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Hospital Records - Katharine E. Carr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 days
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131	(b) Nephritis, chronic	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 19, 1950, to Feb 18, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 8:35 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. O. Bonifant	M.D.	Sandy Spring Md.	Feb. 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/21/50	Unity Cemetery	Burtonsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/19/50	Gertrude B. Sanders	McWitt Donaldson	Laurel, Md.

RECEIVED
FEB 24 1950
BUREAU V. A.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01688

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9604 Bruce Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9604 Bruce Drive

3. NAME OF DECEASED (Type or Print) (First) GRETA (Last) ERIKSSON

4. DATE OF DEATH (Month) FEB. (Day) 11, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 15, 1902
9. AGE last birthday 48 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Torvall Eckardt
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS John Eriksson, 9604 Bruce Dr., S. S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	1½ YRS.
410 X Antecedent cause(s)	(b) RHEUMATIC FEVER (VALVULITIS ENDOCARDITIS)	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) MITRAL STENOSIS C̄ REGURGITATION	1½ YRS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR., 1948, to FEB. 11, 1950, that I last saw the deceased alive on FEB. 10, 1950, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE L. Marshall Cuvillier Jr. (Degree or title) M.D. ADDRESS 8648 GEORGIA AVE., SILVER SPRING, MD. DATE SIGNED FEB. 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 13, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG. Feb 13/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01683

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5020 7th Street, NW

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Girl (Last) FENTON

4. DATE OF DEATH: (Month) 2-6-50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 2-5-50

9. AGE last birthday: 0 yrs. | If under 1 year: Months 0, Days 1 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Reuben Fenton

14. MOTHER'S MAIDEN NAME: Velma Bertha Kosis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Father: Reuben Fenton, same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis. Neonatum. - Bilateral.

762.5 / 159 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (6 mo. gestation)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5, FEB, 19 50, to 6, FEB, 19 50, that I last saw the deceased alive on 6, FEB, 19 50, and that death occurred at 4:10P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P. PETERSON, Captain, MC, USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 2-11-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2-8-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 2-11-50 | REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers, 1400 Chapin St, NW Washington, D.C.

2-0-2-05-0-25-1-28-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

F1690

Reg. Dist. No. L 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Virginia COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) LENGTH OF STAY (in this place): 2mo 20days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 1213 North Vernon Street

3. NAME OF DECEASED (Type or Print)	(First) Ernest	(Middle) Rogers	(Last) FORD	4. DATE OF DEATH	(Month) 2-10-50 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 7-21-76	9. AGE last birthday: 73 yrs.	If under 1 year: Months 8 Days 19; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard	10b. KIND OF BUSINESS OR INDUSTRY: National Museum	11. BIRTHPLACE (State or foreign country): Clifton, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S		
13. FATHER'S NAME: Fredrick M. Ford		14. MOTHER'S MAIDEN NAME: Francis Rogers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): S.A.	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Son: Frank L. Ford, same as item#2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rupture - Abdominal Aneurysm ?

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

96

(b) Hypertensive arteriosclerotic Vasc. Dis. — Unknown

(c) Renal Insufficiency - Uremia — 3 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 NOV, 1949, to 10 FEB, 1950, that I last saw the deceased alive on 10 FEB, 1950, and that death occurred at 10:28 A.m., from the causes and on the date stated above.

SIGNATURE: J. R. Shanahan (Degree or title) J.R.SHANAHAN, LTJG, MC,USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 2-12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2-13-50	NAME OF CEMETERY OR CREMATORY: Fairfax Cemetery	LOCATION (City, town, or county) (State): Fairfax, Virginia
DATE REC'D BY LOCAL REG.: 2-13-50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: Ives Funeral Directors, 2847 Wilson Blvd. Arlington, Virginia	ADDRESS: C.E.A.

602 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01691

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dickinson's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5425 McKinley St.,

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Blanche (Last) Foy
4. DATE OF DEATH: (Month) Feb. (Day) 25th (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 5/87
9. AGE last birthday: 62 yrs. — If under 1 year: Months. 4 Days 20 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: xxxxDarnell
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Lt.Col.Buchanan - Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma right lung with — 6 yrs.

Antecedent cause(s) — Compression and obstruction of esophagus

162X 47d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Metastasis of carcinoma to brain — 3 mos

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec., 1949, to 26 Feb., 1950, that I last saw the deceased alive on 23 Feb., 1950, and that death occurred at 8 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Stewart Clapp, M.D. — 3921 Ingomar St N.W. Wash. D.C. — 26 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify): Shipped
DATE: Feb. 27/50
NAME OF CEMETERY OR CREMATORY: Tampico - Memorial Cem.
LOCATION (City, town, or county) (State): Tampico, Whiteside Co. Ill

DATE REC'D BY LOCAL REG. 2-27-50
REGISTRAR'S SIGNATURE: Helen Kurrack
24. FUNERAL DIRECTOR — ADDRESS: Robert A. Pumphrey - Bethesda, Md.

RECEIVED
MAR 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 01692

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montg Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL Germantown
LENGTH OF STAY (in this place): 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown. RURAL
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Gay
4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 1876 About
9. AGE last birthday: 71 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: "
11. BIRTHPLACE (State or foreign country): Montg Co. Md,
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Henry Gay
14. MOTHER'S MAIDEN NAME: Amelia Gay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Montg Co, Welfare Board, Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis + senility

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 15, 1949, to Feb 13, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 11:30 am m., from the causes and on the date stated above.

SIGNATURE: P Mary Hurley MD (Degree or title) ADDRESS: 26 Walker Ave Gaithersburg Md DATE SIGNED: Feb 16/50

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE: 2/17/50
NAME OF CEMETERY OR CREMATORY: St Rose,
LOCATION (City, town, or county) (State): Clopper. Md,

DATE REC'D BY LOCAL REG.: Feb 16-1950
REGISTRAR'S SIGNATURE: Alfred W. L. Cooke
24. FUNERAL DIRECTOR: Ernest C. Gartner, Gaithersburg Md, ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
FEB 20 1950
BUREAU V. S.

01693

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 2mo. 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp.	STREET ADDRESS (If rural, give location) 710 Wayne Ave.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Edward	(Last) Gebhardt	4. DATE OF DEATH	(Month) February	(Day) 23	(Year) 1950
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 1-21-92	9. AGE last birthday 58 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Atty.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brookland, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Martin M. Gebhardt	14. MOTHER'S MAIDEN NAME Eva Hartman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown. (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Pt. chart					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis c̄ Chr Myocarditis	3 mos.
420.1 Antecedent cause(s)	(b) Nephrosclerosis c̄ Terminal uremia.	7 Days.
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Emphysema	11 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial Asthma	11 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1938, to Feb 23, 1950, that I last saw the deceased alive on 2.23, 1950, and that death occurred at 7 47 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kenneth F. Laughlin	MD	8252 Georgia Ave Silver Spring	FEB 23 1950 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 25, 1950	NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery	LOCATION (City, town, or county) (State) Prince George's Co., Md.
DATE REC'D BY LOCAL REG. Feb. 24 1950	REGISTRAR'S SIGNATURE J. W. Dudley Deputy	24. FUNERAL DIRECTOR Warner E. Pumphrey	ADDRESS Silver Spring, Md.

V2693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01694

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 32 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria; STREET ADDRESS (Rural, give location) 1204 North Fitt Street

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Ernest (Last) GRANT

4. DATE OF DEATH: (Month) (Day) (Year) 2-3-50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-25-90

9. AGE last birthday: 59 yrs. If under 1 year: Months 8, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: CIV, Universty

11. BIRTHPLACE (State or foreign country): Oceola, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Gardner GRANT

14. MOTHER'S MAIDEN NAME: Blanche REID

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.

16. SOCIAL SECURITY NO. (If year, give war or dates of service) I & II

17. INFORMANT AND ADDRESS: Wife: Mrs. Hallie GRANT, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease with uremia.

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 JAN, 19 50, to 3, FEB, 19 50, that I last saw the deceased alive on 3, FEB, 19 50, and that death occurred at 830 A m., from the causes and on the date stated above.

SIGNATURE P. J. McNAMARA, CRD, (MC), USN (Degree or title) ADDRESS U. S. Naval Hospital, Bethesda, Md. DATE SIGNED 7 Feb 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 2-7-50; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 7 Feb 1950

REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR: W. W. Chambers, ADDRESS 3072 M, Street, NW, Washington, D.C.

95

V1091

VS A15

RECEIVED
FEB 9 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P1695

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Monty. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty. County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant; STREET ADDRESS (If rural, give location) 6833 Roosevelt Ave

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) (Last) Gregory

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5 Sept. 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Gregory

14. MOTHER'S MAIDEN NAME: Emma Lacy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT: Mr. Joseph Kay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	1 wk.
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular, renal disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19n. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1950, to Feb 14, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. D. Bonjack	M. D.	Sandy Spring Md.	Feb 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation & Burial	2/17/50	Ft. Lincoln Crematory	Prince George Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-50	Gertrude B Fawler	Warner E. Pumphrey Jr.	Silver Spring, Md.

VS. A13

3144

FEB 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH 01696

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg, Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Potomac. Rural 6 Mi
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac, Rural (Bethesda)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) (Last) Griffith
4. DATE OF DEATH: (Month) 2 (Day) 24 (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar 21/1872
9. AGE last birthday: 77 yrs. If under 1 year: Months 11 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: "
11. BIRTHPLACE (State or foreign country): Montg Co ,Md,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Julian Griffith
14. MOTHER'S MAIDEN NAME: Mary Virginia Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Clyde Griffith, Gaithersburg Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 2 days

442 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart + kidney disease — 5 years

131a (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ovarian cyst.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 48, to Feb 24, 19 50, that I last saw the deceased alive on Feb 24, 19 50 and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S Fawcett M.D. Boyd md. 25 Feb. 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 2/26/50
NAME OF CEMETERY OR CREMATORY: Darnestown Cemetery
LOCATION (City, town, or county) (State): Darnestown Md,

DATE REC'D BY LOCAL REG. Feb 25, 1950
REGISTRAR'S SIGNATURE: Ahnda G Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. ADDRESS: Gaithersburg Md,

VS. A15

V3491

RECEIVED
FEB 27 1950
BUREAU V S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01697

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,102 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1700 Sherwood Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CAROLYN MAY GUNST

4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 5, 1884

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John K. Elk

14. MOTHER'S MAIDEN NAME Ann Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT Glenn Albert Gunst, 10,102 Ga.Ave., S. S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Congestive Heart Failure	5 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Auricular Fibrillation	over 1 year
93d	(c)	Arteriosclerotic Cardio-vascular Disease	over 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1949, to 2/20, 1950, that I last saw the deceased alive on 2/19, 1950, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS George B. Patrick, Jr., M.D. DATE SIGNED 2/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial

DATE THEREOF Feb. 20, 1950

NAME OF CEMETERY OR CREMATORY Wood Lawn Cemetery

LOCATION (City, town, or county) (State) Aliquippa, Beaver Co., Pa.

DATE REC'D BY LOCAL REG. Feb 20/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

2/20/50 This patient has been under my care past 6 months.

H B Patrick MD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1698

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 3mo. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington,
STREET ADDRESS (If rural, give location) 123 Wayne Place S.E.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Harrison (Last) HANNON

4. DATE OF DEATH: (Month) (Day) (Year) FEB, 12, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-9-92

9. AGE last birthday: 57 yrs. If under 1 year: Months 8, Days 3, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Hannon

14. MOTHER'S MAIDEN NAME: Ann Gumpersol

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Margaret Hannon, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno carcinoma of Colon — Interval between onset and death:

153 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 462 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2, NOV, 1949, to 12, FEB, 1950, that I last saw the deceased alive on 12, FEB, 1950, and that death occurred at 5:15P m., from the causes and on the date stated above.

SIGNATURE F. L. Galbranson (Degree or title) ADDRESS F.L.GOLBRANSON, LTJG, MCR, USNR, U.S.Naval Hospital, Bethesda, Md DATE SIGNED 2/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE 2/15/50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-13-50
REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR: W.W.Chambers, 517 11th St, SE
ADDRESS: Washington, D.C.

ADP 3149

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01699

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place): Jan. 26, 1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): R.R. #4

3. NAME OF DECEASED (Type or Print): (First) Mr (Middle) Arthur G. (Last) Harding

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: March 29, 1909

9. AGE last birthday: 40 yrs. — If under 1 year: Months 10, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germantown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S. of N. Am.

13. FATHER'S NAME: John E. Harding

14. MOTHER'S MAIDEN NAME: Anna King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-20-2934

17. INFORMANT AND ADDRESS: Mrs. Blanche E. Harding - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

583 Immediate cause (a) Coronary Thrombosis - Recurrent — Interval Between Onset and Death: 8 Mos.

Antecedent cause(s)

1170 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hepatic Disease - Type Unknown — 11 mos.

(c) Peptic Ulcer - Cause undetermined — 4 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/23/50

19b. MAJOR FINDINGS OF OPERATION: Liver Biopsy - Tab. diagnosis not completed

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1950, to Feb 23, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 11 05 A.m., from the causes and on the date stated above. Feb. 23, 1950

SIGNATURE (Degree or title): Merrill M. Cross M.D.

ADDRESS: 8245 Georgia Ave. Silver Spring Md.

DATE SIGNED: 2/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/26/50

NAME OF CEMETERY OR CREMATORY: Neelsville Church Cem.

LOCATION (City, town, or county) (State): Montgomery Co. Md.

DATE REC'D BY LOCAL REG.: 2-24-50

REGISTRAR'S SIGNATURE: Helen Burrack

24. FUNERAL DIRECTOR: Robert L. Pumphrey

ADDRESS: Bethesda 14, Md.

33649

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01700

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 7 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colmar Manor
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 3413 39th Place

3. NAME OF DECEASED (Type or Print)	(First) Elsworth	(Middle) Leon	(Last) HARRISON	4. DATE OF DEATH	(Month) 28, FEB (Day) 1950 (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 7-3-91	9. AGE last birthday: 58 yrs.	If under 1 year: Months 7, Days 28; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Washington, DC	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: John Harrison		14. MOTHER'S MAIDEN NAME: Molly Ridgeway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Self on admission			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Embolism, Pulmonary N.E.C. (cause unknown) # 5153	immed. before death
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease (Prob. Benign Hypertension) # 4930	Few years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Hematuria (cause unknown) # XIV XV — about 6 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XX
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21, FEB, 1950, to 28, FEB, 1950, that I last saw the deceased alive on 28, FEB, 1950, and that death occurred at 555P m., from the causes and on the date stated above.

SIGNATURE: C. F. Park (Degree or title) ADDRESS: C.F.PARK, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md. DATE SIGNED: 1 Mar 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3-3-50	NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery	LOCATION (City, town, or county) (State): Washington, DC
DATE REC'D BY LOCAL REG.: 1 Mar 50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W. Chambers, 5801 Cleveland Avenue, Riverdale, Maryland	ADDRESS

29879 ap

RECEIVED
MAR 2 1950
BUREAU T. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01701

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----------	STREET ADDRESS (If rural give location) 5508 Lambeth Road

3. NAME OF DECEASED (Type or Print)	(First) OLIVE	(Middle) N	(Last) HASKIN	4. DATE OF DEATH	(Month) 2 - (Day) 8 - (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-20-1870	9. AGE last birthday 79 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BUCKLIN, MISSOURI	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JAMES MARTIN NAGEL		14. MOTHER'S MAIDEN NAME ELIZABETH JANE DAMRELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT NAGEL HASKIN			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 7 days

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 14 days

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945 to Feb 8, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William J. Gill	M.D.	1746 - K Street N.W.	Feb 8-1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 2-11-1950	NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM	LOCATION (City, town, or county) (State) PRINCE GEORGES CO
DATE REC'D BY LOCAL REG. 2-8-50	REGISTRAR'S SIGNATURE Helen Kurvack	24. FUNERAL DIRECTOR Joseph Gawlers Sons	ADDRESS WASH, D.C. 1756 PA. AVE. N.W.

RECEIVED
FEB 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1702

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 2yrs. 5½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 260 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) Saks (Last) Hechheimer

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 14, 1850

9. AGE last birthday: 99 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Saks

14. MOTHER'S MAIDEN NAME: Ray Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Wm. Heck, 1855 Irving St. N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary insufficiency	7½ hrs.
Antecedent cause(s)	(b) Chronic Myocarditis with	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Myocardial Decompensation	5 mo.

422.2 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1. Senility 2. Hypertrophic Arthritis — 15 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1948, to 2-11, 1950, that I last saw the deceased alive on Feb. 11, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallace R. Mook M.D. — ADDRESS: 805 Carroll Ave. Takoma Pk. Md. — DATE SIGNED: 2-11-50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 2/14/50 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 2/14/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Jas. Fawlers Sons — ADDRESS: Wash D.C.

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01703

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 1 mo 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: West Virginia; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charleston; STREET ADDRESS (If rural, give location): Not known ✓

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) O'Keefe (Last) HEFFERNAN

4. DATE OF DEATH: (Month) 2-14-50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-20-23

9. AGE last birthday: 26 yrs. If under 1 year: Months. 7 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John O'Keefe

14. MOTHER'S MAIDEN NAME: Catherine Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Husband: James M. Heffernan, BOQ Receiving Station, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	3 yrs
	(c) Diabetes Mellitus	26 yrs.

260X
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26, DEC, 19 49, to 14, FEB, 19 50, that I last saw the deceased alive on 14, FEB, 19 50, and that death occurred at 4:23 A m., from the causes and on the date stated above.

SIGNATURE: E.M. Spaulding (Degree or title) ADDRESS: E.M. SPAULDING, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED: 2-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE: 2-14-50 NAME OF CEMETERY OR CREMATORY: Foreign LOCATION (City, town, or county) (State): Charleston, WVA

DATE REC'D BY LOCAL REG. 2-14-50 REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. Chambers ADDRESS: 1400 Chapin St, NW, Washington, D.C.

35.

RECEIVED
FEB 15 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01704

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs.
STREET ADDRESS (If rural, give location): 8417 Dixon Ave.

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Zillah (Last) Hewitt
4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-4-1884
9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Bank. Clerk
11. BIRTHPLACE (State or foreign country): Philadelphia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hewitt
14. MOTHER'S MAIDEN NAME: Mary Emma Gubbins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	One wk. +
170 X Antecedent cause(s)	(b) Choledochus impacted in ampulla of vater	Few minutes
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of right breast	6 mos. +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Radical Mastectomy 1-18-50

19a. DATE OF OPERATION: 1-18-50
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right breast
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-17-, 1950, to 2-9-, 1950, that I last saw the deceased alive on 2-8, 1950, and that death occurred at 4 40 a.m., from the causes and on the date stated above.

SIGNATURE: Read N. Calvert M.D. (Degree or title) ADDRESS: 7894 Ga. Ave., Silver Spring Md. DATE SIGNED: 2-9-50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE: Feb. 12, 1950
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory
LOCATION (City, town, or county) (State): Prince George's Co., Md.

DATE REC'D BY LOCAL REG.: 2/14/50
REGISTRAR'S SIGNATURE: J. William [illegible]
24. FUNERAL DIRECTOR: Warner E. Pumphrey, ADDRESS: Silver Spring, Md.

26681

RECEIVED
FEB 14 1950
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

61705

CERTIFICATE OF DEATH

FILM No. G 124 FEB 27 1950

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
LENGTH OF STAY (in this place) 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural give location) Brooke Road.

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) Reuben (Last) HOPKINS (Frank)

4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1950

5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 17, 1883
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Hopkins
14. MOTHER'S MAIDEN NAME Angie Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT Wife Annie Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebrovascular Accident	2 days.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	years
93d	(c) Arteriosclerosis, generalized	years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to Feb 11, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE C H Bigon (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 2/12/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Feb 14, 1950 NAME OF CEMETERY OR CREMATORY R. L. Snowden LOCATION (City, town, or county) Sandy Spring, Md (State)

DATE REC'D BY LOCAL REG. 2-14-50 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR R. L. Snowden ADDRESS Rockville, Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 24 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01706

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1748 Swan Street, NW, ✓

3. NAME OF DECEASED (Type or Print): (First) Warner (Middle) (n) (Last) HOUKE

4. DATE OF DEATH: (Month) FEB (Day) 18, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: 10-10-84

9. AGE last birthday: 65 yrs. — If under 1 year: Months 4, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Warner Houke

14. MOTHER'S MAIDEN NAME: Hanna Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple Pulmonary Emboli with Infarction	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	10 years
	(c)	

450.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 10, FEB, 1950, to 18, FEB, 1950, that I last saw the deceased alive on 18, FEB, 1950, and that death occurred at 6:30P m., from the causes and on the date stated above.

SIGNATURE J. H. Rege — (Degree or title) — ADDRESS: J. H. REGE, LT, MC, USN, U.S. Naval Hospital, Bethesda, Md — DATE SIGNED: 2-21-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-23-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-21-50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.E. Jarvis, 1432 U Street, NW, Washington, D.C.

J.W.B 36094

RECEIVED
FEB 23 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01707

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Mont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) (Last) HOWARD

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1950

5. SEX Female

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb 1 1865

9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domest

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Howard

14. MOTHER'S MAIDEN NAME Martha Darsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. Non

17. INFORMANT George Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardiovascular disease	15 years
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 28, 1950, to February, 1950, that I last saw the deceased alive on January 28, 1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE James P. Kerr M.D. (Degree or title) ADDRESS Damascus Md. DATE SIGNED 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb 25 1950

NAME OF CEMETERY OR CREMATORY Brook Grove Md

LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 2/25/50

REGISTRAR'S SIGNATURE Louis D. Bell

24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

52086

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

F1798

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown | LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS middlebrook (rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown (rural)
STREET ADDRESS (If rural, give location) middlebrook

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	Edward	Howard	Feb	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	Nov 12- '84	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	farm	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Howard	Lavinia Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	220-18-5561	Norman Howard

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Buschart	M.D.	Gaithersburg Md	2-12-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/14/50	Needwood	Needwood, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 12, 1950	Alma L. Cooke	William B. Hilton	866 W Barnesville, Md

VS. A15A

RECEIVED
FEB 14 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01709

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wheaton — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wheaton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3000 Blue Ridge Avenue	STREET ADDRESS (If rural give location): 3000 Blue Ridge Avenue

3. NAME OF DECEASED (Type or Print)	(First) MARTIN	(Middle) LEE	(Last) IRELAND	4. DATE OF DEATH	(Month) Feb.	(Day) 2	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Jan. 19, 1898	9. AGE last birthday: 52 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): motion pictureoperator	10b. KIND OF BUSINESS OR INDUSTRY: Motion picture	11. BIRTHPLACE (State or foreign country): Birmingham, Alabama	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Lee Ireland	14. MOTHER'S MAIDEN NAME: Dora Mills						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: 418 - 10 - 7680	17. INFORMANT: Mrs. Bessie Ireland - wife					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157 Immediate cause (a) Carcinoma Pancreas — 1 year

46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastase

(c) Lung [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: July 49	19b. MAJOR FINDINGS OF OPERATION: inoperable ca pancreas	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1949, to 2/2, 1950, that I last saw the deceased alive on Feb 1, 1950 and that death occurred at 12 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Patrick C. Jameson M.D. — ADDRESS: 11,602 Ga. Ave., Silver Spring Md. — DATE SIGNED: 2/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation	DATE THEREOF: Feb. 2, 1950	NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory	LOCATION (City, town, or county) (State): Prince George County, Md.
DATE REC'D BY LOCAL REG.: 2/4/50	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc.	ADDRESS: Silver Spring, Md.

4809V

RECEIVED
FEB 7 1950
BUREAU F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01710

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A17

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 712 Silver Springs Ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Archibald (Last) Freland

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7/12/00

9. AGE last birthday: 49 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Wilkes-Barre, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Freland Sr.

14. MOTHER'S MAIDEN NAME: Sarah Louise Watrous

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Peritonitis	5 days
Antecedent cause(s)		
550.1 121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured appendix	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none done —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): neither

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1950, to 2-16, 1950, that I last saw the deceased alive on 2-16, 1950, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. L. Shoemaker MD 8005 Woodbury Drive Silver Spring Md 2/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/20/50 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2/19/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

Warner E. Pumphrey Inc. Silver Spring, Md.

V1697

RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01711

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 6mo 18days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodels
STREET ADDRESS (If rural, give location) Box 46

3. NAME OF DECEASED (Type or Print): (First) Hibart (Middle) Garland (Last) JACKSON
4. DATE OF DEATH: (Month) FEB, (Day) 7, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-31-01
9. AGE last birthday: 48 yrs. If under 1 year: Months 8, Days 7. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Elijah Jackson
14. MOTHER'S MAIDEN NAME: Charlotte Ramey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cor pulmonale

(c) Pulmonary fibrosis.

525 X
1142

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13, JULY, 1949, to 7, FEB, 1950, that I last saw the deceased alive on 7, FEB, 1950, and that death occurred at 335 A m., from the causes and on the date stated above.

SIGNATURE W.J. Smiles (Degree or title) ADDRESS DATE SIGNED
W.J. SMILES, LTJG, MCR, USNR U. S. Naval Hospital, Bethesda, Md. 2-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 2-8-50
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Mullens, West Virginia

DATE REC'D BY LOCAL REG. 2-9-50
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers, 1400 Chapin St, NW. Washington, D.C.

ADP 45402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 10 1950
BUREAU V. S.

Evidence for change of age is shown on

FILM No. G 124 FEB 10 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01712

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8225 Custer Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C.
STREET ADDRESS (If rural give location) 3910 - Fenwick St. N.W.

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) McKEE (Last) JARBOE
4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	Widow	Aug. 29, 1877	72 yrs. 5 mos.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash., D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. McKee
14. MOTHER'S MAIDEN NAME: Josephine C. Kobey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clarence Jarboe, Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 **Immediate cause** (a) Acute Myocardial Infarction	1 hr.
131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma - vaginal - renal disease	5 yrs.
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Feb. 1, 1950, that I last saw the deceased alive on Feb. 1, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney A. Cavarra	M.D.	3921 - Livingston St. N.W. Wash. D.C.	Feb. 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2-4-50	Rock Creek	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-1-50	Helen Kurwack	Joseph Gawler's Sons,	1756 Pa. Ave. N.W. Wash. D.C.

VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11713

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, R.F.D. #2,
STREET ADDRESS (If rural give location) R.F.D. #2, box 79

3. NAME OF DECEASED (Type or Print) (First) Gary (Middle) (Last) Jennings

4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1950

5. SEX Male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH About 1867

9. AGE last birthday 87 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME Mary Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Hospital Records, Katharine E. Barr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131a (b) Chronic cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1950, to Feb. 17, 1951, that I last saw the deceased alive on Feb. 17, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE A. D. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED Feb. 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Feb 20, 1950 NAME OF CEMETERY OR CREMATORY Lincoln Memorial LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 2-20-50 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR R. L. Snowden ADDRESS Rockville Md.

RECEIVED
FEB 24 1950
BUREAU V. S.

Evidence for change of age shown on:

01714

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 MAR 15 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmor
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Amos (Middle) (Last) Johnson

4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 25 - 1876
9. AGE last birthday 73 ~~75~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carroll Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Johnson
14. MOTHER'S MAIDEN NAME Alice Groomes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval Between Onset and Death: 5 days

446x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis, Inter — yrs.

131a (c) Stilcal nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/5/, 1950, to 2/3/, 1950, that I last saw the deceased alive on 2/3/, 1950, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS DATE SIGNED 2/4/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 2-6-50 NAME OF CEMETERY OR CREMATORY Sandy Spring LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REG. 2-6-50 REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

BUREAU V. S.
FEB 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0171

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital	STREET ADDRESS (If rural, give location): 1206 Lebanon Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edna	Ethel	KLEVEN	FEB 17 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	8-14-87	62 yrs.	6	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Wisconsin	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levi Staton	Margaret Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None		Son:Robert Keifert, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	2 hrs
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	
	(c) Generalized arteriosclerotic vascular disease	4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 15, FEB, 1950, to 17, FEB, 1950, that I last saw the deceased alive on 17, FEB, 1950, and that death occurred at 4:50A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
E.M. SPAULDING, CDR, MC, USN	U.S.Naval Hospital, Bethesda, Md	2/20/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial, Removal	2-17-50	Price Cemetery	Osseo, Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-50	Elizabeth Willett	W.W.Chambers,	1400 Chapin St, NW, Washington, D.C.

R.A.M.

RECEIVED
FEB 21 1950
BUREAU V. S.

01716

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Columbia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 11 Columbia Avenue

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) C. (Last) Knight
4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 14, 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Syracuse New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ? Robinson
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Alice Knight Van Devanter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on floor of her home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broechart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 2-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF February 17, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Pr. George County, (State) Md
DATE REC'D BY LOCAL REG. 2/15/50
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. NW D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 28 1950
BUREAU V. S.

01717

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY: Montgomery · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park · LENGTH OF STAY (in this place): 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Washington D.C. · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Continental Hotel - Washington D.C.

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Hiesler (Last) Lawrence
4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 5, 1874
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Architecture
11. BIRTHPLACE (State or foreign country): Philadelphia, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Lawrence
14. MOTHER'S MAIDEN NAME: Marietta Heisler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Chart and wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malignant Melanoma	Year
190x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomerular Nephritis	Years
46d	(c) Arteriosclerotic Heart Disease Rectal Carcinoma	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) · PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. · INJURY OCCURRED While at Work ☐ Not While At work ☐ · HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 2-7, 1950, that I last saw the deceased alive on 2-7, 1950, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. · ADDRESS: Takoma Park 12, Md. · DATE SIGNED: 2-7-50

23. BURIAL, CREMATION REMOVAL (Specify) · DATE THEREOF: 2/9/50 · NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem · LOCATION (City, town, or county): Pr George's Co. (State): Md.
DATE REC'D BY LOCAL REG.: 2/7/50 · REGISTRAR'S SIGNATURE: J. Wilm Dodd · 24. FUNERAL DIRECTOR: The S H Hines Co · ADDRESS: Wash. D.C.

V4093 2901 14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01718

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Minnesota — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Lake
STREET ADDRESS (If rural, give location): Box 345 ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Martha	Fischer	LEIGHTON	FEB. 24 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	3-24-24	25 yrs.	11	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Orange, New Jersey
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Fischer
14. MOTHER'S MAIDEN NAME: Dorothy Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Husband: George A. Leighton Jr, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Leukemia	2 mos
	(c)	

2043
74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1, FEB, 1950, to 24, FEB, 1950, that I last saw the deceased alive on 24, FEB, 1950 and that death occurred at 438 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
E.M.SPALDING, CDR, MC, USN	U.S.Naval Hospital, Bethesda, Md.	2/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	2-27-50	Fort Lincoln Crematory	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/50	Elizabeth Willett	Everly Funeral Home	Alexandria, Va.

RECEIVED
MAR 1 1950
BUREAU A. P.

01719

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH· COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS ---	STREET ADDRESS --- (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CORNELIUS LEIZEAR			4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1950 19		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 2,1858	9. AGE last birthday 91 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer -- retired	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Cornelius Leizear			14. MOTHER'S MAIDEN NAME Sarah Ann Tucker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Raymond P. Leizear, 821 Philadelphia Ave. Silver Spring, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac dilitation	48 hrs.
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chronic Myocarditis	Months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age.

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 2/27/, 1950, to 2/27/, 1950, that I last saw the deceased alive on 2/27/, 1950, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J M Bird M.D.		Sandy Spring Md	2/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 2,1950	NAME OF CEMETERY OR CREMATORY Burtonsville Union Cemetery	LOCATION (City, town, or county) (State) Burtonsville, Md.
DATE REC'D BY LOCAL REG. Mar 1/50	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Warner E. Pumphrey	ADDRESS Silver Spring, Md.

800 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1950
PENTAGON U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01720

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place): 63 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 3421 South Second Street ✓

3. NAME OF DECEASED (Type or Print): (First) Archie (Middle) Emerson (Last) LIGHTFOOT

4. DATE OF DEATH: (Month) 2-1-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-11-85

9. AGE last birthday: 64 yrs. | If under 1 year: Months: 8 | Days: 21 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vienna, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Lightfoot

14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Jennie Lightfoot, 605 K St, NE Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral stenosis — 410

(c) Rheumatic heart disease — 92b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 NOV, 1949, to 1 FEB, 1950, that I last saw the deceased alive on 1 FEB, 1950, and that death occurred at 12:54A m., from the causes and on the date stated above.

SIGNATURE: W.J. Smiles (Degree or title) — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 2-6-50

W.J. SMILES, LTJG, MCR, USNR

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-3-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 2-6-50 | REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers, 3072 M Street, NW Washington, D.C.

60299

RECEIVED
FEB 8 1950
BUREAU V. S.

01721

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~66~~ 212

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson (Rural) LENGTH OF STAY (in this place) 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Price (Last) Luhn
4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 9 - 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Montg Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Randolph Luhn
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs W. K. Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 15 years

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Dec, 1949, to 3 Feb, 1950, that I last saw the deceased alive on 1 Feb, 1950, and that death occurred at 3 30 A.m., from the causes and on the date stated above.

SIGNATURE Gordon M Smith (Degree or title) M.D. ADDRESS Barnesville, Md DATE SIGNED 3 Feb. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Feb 5 - 1950 NAME OF CEMETERY OR CREMATORY Monocacy LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REG. Feb. 4, 1950 REGISTRAR'S SIGNATURE Charles W. [illegible]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01722

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 1 mo. 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warrenton
STREET ADDRESS (If rural, give location) R.F.D.#1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Perington (Last) MANDLEY
4. DATE OF DEATH: (Month) 2-9-50 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-12-96
9. AGE last birthday: 53 yrs. If under 1 year Months: 8 Days: 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Journeyman
11. BIRTHPLACE (State or foreign country): Hickory Grove, Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Augustus Mandley
14. MOTHER'S MAIDEN NAME: Elizabeth Utterback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Son: William P. Mandley, same as item

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia with pulmonary edema	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic carcinoma of prostate	9 months
	(c)	

177
511

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At wnrk ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6, JAN, 19 50, to 9, FEB, 19 50, that I last saw the deceased alive on 9, FEB, 19 50 and that death occurred at 1020 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. V. COKELY Captain, MC, USN U. S. Naval Hospital, Bethesda, Md. 2-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2-14-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-16-50
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, 3072 M, Street, NW Washington, D.C. W. W. Howard
3089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01723

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred: 210 - Indian Spring Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL and give nearest town)

Street No.: 210 - Indian Spring Drive (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: PAUL MASARYK

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Carolina Baranek Masaryk

7. Birth date of deceased (mo., day, yr.): Jan 1 1868

6.(c) If alive, give age: years

8. AGE: Years: 82 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Czecho-Slovakia (Town, county, and state)

10. Usual occupation: Wire Worker

11. Industry or business:

FATHER — 12. Name: Josef Masaryk

13. Birthplace: Czecho Slovakia

MOTHER — 14. Maiden name: Hanna

15. Birthplace: Czecho-Slovakia

16. Informant: Albert L Masaryk (Son)

Address: 210 - Indian Spring Drive Silver Spring Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Feb 27 1950 (month) (day) (year)

Cemetery or crematory: Mt Olivet Cemetery

Location: Washington D.C.

18. Funeral director: Timothy Hanlon

Address: 641 - H St N.E.

19. 2/28 1950 (Date rec'd by registrar) Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 1950, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1948 to Feby 24 1950 and that I last saw him alive on Feby 21 1950

Immediate cause of death	DURATION
Fibrillating heart	several years
Due to	
Due to	
Other conditions: diabetes	several years

433.1

(Include pregnancy within 3 months of death)

61

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John N. Andrews M.D. M. D. or other

Address: 9601 Colesville Rd Silver Spring Md Date signed: 2-24-50

48 50

RECEIVED
FEB 28 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01724

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spencerville, md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Merimon (Middle) (Last) Mayes

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 24 1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Butcher

11. BIRTHPLACE (State or foreign country): Oxford, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AZRA MAYES

14. MOTHER'S MAIDEN NAME: Cora F. Tilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Cora F. Mayes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	4 Days
Antecedent cause(s) (b)	Arteriosclerosis	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Hypertensive Cardiorenal Disease	?

442 X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Fibroma — Life

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, ~~farm~~, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6 1950, to Feb 14, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Webster Sewell, M.D. Norbeck Md 2-16-50

23. BURIAL CREMATION REMOVAL (Specify) — DATE 2/18/50 — NAME OF CEMETERY OR CREMATORY Spencerville, Md — LOCATION (City, town, or county) (State) Spencerville, md

DATE REC'D BY LOCAL REG. Feb 20/50 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR — ADDRESS Robert L. Snowden

78861

BUREAU V. S.
SEP 24 1960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01725

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deerwood MD.
LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Mayhew

4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 12, ~~1950~~ 1878

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clark Mobley

14. MOTHER'S MAIDEN NAME Sarah Mobley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Garnet Mayhew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage, with left hemiplegia — 2 days.

331× Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & hypertension — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis — many years

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930, 19....., to Feb. 4, 1950, that I last saw the deceased alive on Feb. 4, 1950 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. G. Linthicum, MD. ADDRESS Rockville, Md. DATE SIGNED 2/5/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 7, 1950 NAME OF CEMETERY OR CREMATORY Forest Oak LOCATION (City, town, or county) (State) Gaithersburg MD.

DATE REC'D BY LOCAL REG. Feb. 6th 1950 REGISTRAR'S SIGNATURE Louise B. Humphreys per Floyd S. Moxley

24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville, MD.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

002

I

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01726

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural) | LENGTH OF STAY (in this place) 41 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Port
STREET ADDRESS (If rural, give location) 56 S. 2nd Street ✓

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) McCulloch (Last) MCNITT

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 50

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 8-14-13 | 9. AGE last birthday: 36 yrs. | If under 1 year: Months 6 Days 14 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John H McCulloch | 14. MOTHER'S MAIDEN NAME: Sarah Milligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Husband: Wm. H. McNitt Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Encephalopathy	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertensive Cardio Vasc. Disease	2 yrs.
	(c)	

441K 942

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18, 19 50 to 2-28, 19 50, that I last saw the deceased alive on 2-28-50, 19 , and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.M. SPAULDING, CDR MC USN USNH, Bethesda, Maryland 3-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE 2-28-50 | NAME OF CEMETERY OR CREMATORY New Port | LOCATION (City, town, or county) (State) New Port, Penna.

DATE REC'D BY LOCAL REG. 3-1-50 | REGISTRAR'S SIGNATURE Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS PUMPHREY FUNERAL Home 7557 Wisc Ave Bethesda, Md.

R.A.P. Per S.H.

RECEIVED
JUN 3 1950
U.S. NAVAL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01727

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. 415

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Burtonsville; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Burtonsville; STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hable	Pinkney	Merson	February 16 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	married	Jan 8 1895	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
janitor	Engineering Research Corporation	Burtonsville Md	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathan Washington Merson	Laura Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no —	219-07-9520	Mrs Marian C. Merson Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
163	Immediate cause	(a) Bronchopneumonia	2 days
	Antecedent cause(s)		
47d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Lung	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Metaplasia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr 1, 1947, to Feb 15, 1950, that I last saw the deceased alive on 2/14, 1950, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Warren	MD	Laurel Md	2/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/50	Loudon Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-16-50	Gertrude B. Lawler	DeWitte Donaldson	Laurel Md

74083

RECEIVED
FEB 24 1950
BI READ V. 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01728

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood Park-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2 - Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) S. (Last) Michael

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/7/1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Michael

14. MOTHER'S MAIDEN NAME: Ann (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mary Pigott Hollywood Pk. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset and Death: 3 days.

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized cardio-vascular Disease — over 1 yr.

(c) with congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to Feb, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest E Harmon M.D. ADDRESS Woodmoor Bldg, Silverspring Md. DATE SIGNED Feb 4, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 2/7/50 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 2/6/50 — REGISTRAR'S SIGNATURE: A W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

49647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01729

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 mo 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church
STREET ADDRESS (If rural, give location): 729 Oak Avenue

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Elsie (Last) MICHAELIS

4. DATE OF DEATH: (Month) (Day) (Year) FEB 21, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-29-10

9. AGE last birthday: 40 yrs. — If under 1 year: Months 0, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charles Brindley

14. MOTHER'S MAIDEN NAME: Dorthy Marcus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Husband: Felix T. Michaelis, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
416X Immediate cause	(a) Chronic Congestive Heart Failure	3 yrs
Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Cirrhosis	5 yrs.
	(c) Rheumatic Heart Disease	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 14 NOV, 19 49 to 21 FEB, 19 50, that I last saw the deceased alive on 21 FEB, 19 50, and that death occurred at 435P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E.M. Spaulding
ADDRESS E.M. SPAULDING, CDR, MC, USN, US Naval Hospital, Bethesda, Md
DATE SIGNED 2/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2-24-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 2-23-50
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR AND ADDRESS: Ives Funeral Home, 2847 Wilson Blvd Arlington, Virginia

RECEIVED
FEB 24 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

01730

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY in this place: almost 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton Hills, Silver Spring
STREET ADDRESS (If rural, give location) 11712 Galt Avenue

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Thad (Last) MILLER

4. DATE OF DEATH: (Month) 2-3-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-23-12

9. AGE last birthday: 37 yrs. | If under 1 year: months. | If under 24 hrs.: Hours Min. 09 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Electrian USN

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Fred Miller

14. MOTHER'S MAIDEN NAME: Zola Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWll

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: W ife: Helen Miller, same as line 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, both lungs	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Recurrent epidermoid carcinoma larynx	4yrs (2)
	(c) Carcinoma tongue	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

1417
45b

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4, OCT, 1949, to 3, FEB, 1950 that I last saw the deceased alive on 3 FEB, 1950, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE A. J. DELANEY, Captain, (MC), USN (Degree or title) U. S. Naval Hospital, Bethesda, Md. (ADDRESS) 9 Feb 1950 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-7-50	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9 Feb 1950	Elizabeth Willett	W.W. Chambers	1400 Chapin St, NW. Washington, D.C.

3497

T.J.K.

RECEIVED
FEB 10 1950
BUREAU V. S.

01731

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH· COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alta Vista — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alta Vista (Bethesda)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural give location) 5512 Charles St.

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) FRANCIS	(Last) MOORE	4. DATE OF DEATH	(Month) February	(Day) 19,	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug.13,1867	9. AGE last birthday 82 yrs.	If under 1 year Months 0	Days 0	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-	10b. KIND OF BUSINESS OR INDUSTRY Farmer-Merchant	11. BIRTHPLACE (State or foreign country) W. Virginia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME John S. Moore	14. MOTHER'S MAIDEN NAME Mary M. Riley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Hilda V. Moore (daughter)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Prostate — 4 mos

177

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1949, to Feb 19, 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 12 29 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney C. Cousins M.D. 3921 Ingomar St. N.W. Wash. D.C. 2/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 21, 1950	NAME OF CEMETERY OR CREMATORY Zion Church Cemetery	LOCATION (City, town, or county) (State) Charlestown, W/Virginia
DATE REC'D BY LOCAL REG. 2-20-50	REGISTRAR'S SIGNATURE Helen Kurvach	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01732

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ednor; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ednor — Ednor rural; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ednor; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Eugene (Last) Nichols

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 29, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. 2 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION. (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jerry Nichols

14. MOTHER'S MAIDEN NAME: Agnes Hannis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ~~Wife~~ Charles Eugene Nichols Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 hours

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1949, to 2/3, 1950, that I last saw the deceased alive on 2/3, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. Thomas MD Sandy Spring Md. Feb 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-6-50 | NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 2-3-50 | REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: D. H. Hines Co. | ADDRESS: 7901-14th St N.W. Wash D.C.

VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

01733

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 1929 to 1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4536 - Middelton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4536 - Middleton Lane.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HILDA NICHOLSON
4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 50 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov. 24, 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Osla Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andreas Hagan
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ruth E. Nicholson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma c̄ ascites — 3 mos. +

175 Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca - Ovary. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1949, to 3-3, 1950, that I last saw the deceased alive on 3-2-, 1950, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE: Geo. R. Hoffman — (Degree or title): M.D. — ADDRESS: 1912 - R St. — DATE SIGNED: 3-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: Feb. 3, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: 3-3-50 — REGISTRAR'S SIGNATURE: Helen Kirwoff Jr. — 24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1930

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01734

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dropped dead in front of 120 Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7 Boyd Ave

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Melville (Last) Northrop

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 1-1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hat Maker Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd Northrop

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-20-2010-

17. INFORMANT: Mrs. Marian Barbour - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Broschart M. D. — Gaithersburg Md — 2-11-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

2/16/50 — Forest Hill Cem — Washington, D.C.

DATE REC'D BY LOCAL REG. 2/13/50 | REGISTRAR'S SIGNATURE G. Wilton Dodd

24. FUNERAL DIRECTOR | ADDRESS

J. Frank Jos. 484 - 4th St. NW Washington D.C.

214 Spruce Dodd.

RECEIVED
FEB 15 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01735

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH · COUNTY Montg Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 89yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Elizabeth	(Last) Offutt	4. DATE OF DEATH	(Month) 2 (Day) 25 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 11.1860.	9. AGE last birthday 89 yrs.	If under 1 year Months 8 Days 14 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work	10b. KIND OF BUSINESS OR INDUSTRY "	11. BIRTHPLACE (State or foreign country) Rockville. Md,	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME Levin Offutt		14. MOTHER'S MAIDEN NAME Rachel Ricketts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Walter Offutt, Gaithersburg Md,			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 59b

Immediate cause (a) Myocardial failure — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility, arteriosclerosis, Chronic arthritis, secondary anemia. — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 14, 1950, to Feb. 25, 1950, that I last saw the deceased alive on Feb. 25, 1950, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm A. Linthicum,	M.D.	Rockville, Md.	2/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/28/50	NAME OF CEMETERY OR CREMATORY Rockville Union Cemetery,	LOCATION (City, town, or county) Rockville. Md, (State)
DATE REC'D BY LOCAL REG. Feb 26, 1950	REGISTRAR'S SIGNATURE Almeda G Cooke	24. FUNERAL DIRECTOR Ernest C. Gartner,	ADDRESS Gaithersburg Md,

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01736

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 wk - 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 4700 Connecticut Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Edith Alma Orrison

4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 11, 1879
9. AGE last birthday 70 yrs. If under 1 year Months 6 Days 23 If under 24 hrs. Hours Min. 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lincoln Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A. of N. Am.

13. FATHER'S NAME Alpheus Tavenner
14. MOTHER'S MAIDEN NAME Emma Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Allen B. Orrison, 3632 Veazey St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
443x	Immediate cause	(a) Encephalomalacia	2 years
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
		(c) Arterial hypertension	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to Feb. 4, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above. Feb. 2, 1950

SIGNATURE (Degree or title) S. T. Kimble M.D.
ADDRESS 1726 Eye St. N.W. Wash. D.C.
DATE SIGNED Feb 4, 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 2-6-50
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Leesburg, Virginia

DATE REC'D BY LOCAL REG. 2-4-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR The S. H. Hines Co. 2901-14th St. N.W. Wash. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
FEB 6 1950
BUREAU V. S.

01737

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium and Hosp. Tak. Pk. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9609 Hasting Drive

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) Millett (Last) OVERMAN
4. DATE OF DEATH (Month) 2 (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-25-1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Patent Draftsman
11. BIRTHPLACE (State or foreign country) Salisburg N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry T. Overman
14. MOTHER'S MAIDEN NAME Jean Mollett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Laceration of brain — INTERVAL BETWEEN ONSET AND DEATH 4 1/2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

816.5
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture 4-5-6 17 ribs rt.

19a. DATE OF OPERATION 2-13-50
19b. MAJOR FINDINGS OF OPERATION Laceration of brain
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) Feb (Day) 11 (Year) 50 (Hour) 8:30 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brockhart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 2-16-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2-16-50 NAME OF CEMETERY OR CREMATORY Wash D.C. LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. 2/16/50 REGISTRAR'S SIGNATURE J. Marvin Dodd
24. FUNERAL DIRECTOR W. R. Huntemann ADDRESS 5732 Da. Ave. Sth. Wash. D.C.

V6299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01738

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring / LENGTH OF STAY (in this place) 2 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 8905 Miles St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MATTIE	MANKIN	PALMER	2	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 19 1876	73 yrs.	5	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pleasant Valley Virginia	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Mankin	Mary Catherine Hutchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Richard E. Palmer 4217 - 12 Rd. So. Arl. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart failure due to	24 hrs
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic Heart Disease	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1948, to February, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 405 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bernard A. Fitzgerald	M.D.	832 Malcolm Dr. S.S. Md	2/15/50

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-17-50	Chestnut Grove Cemetery	Herndon Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 15 50	Frances Potter	The S.H. Hines Co	2901 - 14th St. N.W. Washington D.C.

VS. A15

RECEIVED
17 1950
BI REAU Y. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ... is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01742

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Wash. D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 509 - 6th St. NW.

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) Couchman (Last) Paris
4. DATE OF DEATH (Month) Feb. (Day) 13. (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9-17-71
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Milo Couchman
14. MOTHER'S MAIDEN NAME: Sarah Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia — four days

444 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coryza — five days

(c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 2-13-1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 6 13 a.m., from the causes and on the date stated above.

SIGNATURE: Robert A Hare MD (Degree or title) — ADDRESS: Takoma Park Md. — DATE SIGNED: 2/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 16-1950 — NAME OF CEMETERY OR CREMATORY: Geo. Wash Memorial Cemetery — LOCATION (City, town, or county): Riggs Road, Pr Geo Co. (State): Md

DATE REC'D BY LOCAL REG.: 2/13/50 — REGISTRAR'S SIGNATURE: J. Wilson DSM
24. FUNERAL DIRECTOR: Arthur Walters — ADDRESS: 254 - Carroll St. Takoma Park - D.C.

XVX99

RECEIVED
FEB 15 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01739

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upton St, N.W. - Washington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Tilman Bacon Parks
4. DATE OF DEATH (Month) (Day) (Year): February 12 1950
5. SEX: male
6. COLOR OR RACE: wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: May 12, 1873
9. AGE last birthday: 76 yrs. If under 1 year: Months 10 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ex-Congressman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S. of N. America
13. FATHER'S NAME: William Parks
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mills W. Marshall - 16 St Paul St, Kensington - Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Insufficiency — 30 min

462.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Esophageal Varix Hemorrhage — 36 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis. Generalized arteriosclerosis — ??

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1950, to Feb 12, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 2 A m., from the causes and on the date stated above. 2-12-50

SIGNATURE: DeWitt E. DeLawter, M.D. (Degree or title) ADDRESS: 7325 ABERDEEN Rd. Bethesda 14, Md DATE SIGNED: Feb 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: 2-14-50
NAME OF CEMETERY OR CREMATORY: CONGRESSIONAL
LOCATION (City, town, or county) (State): WASHINGTON, D.C.

DATE REC'D BY LOCAL REG.: 2-13-50
REGISTRAR'S SIGNATURE: Helen Kurvach Jr.
24. FUNERAL DIRECTOR: W. W. Chambers Co. ADDRESS: 1400 Chapin St N.W.

11297

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01740

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1114 Queen Street, NE. ✓

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Herbert (Last) PEARSON

4. DATE OF DEATH: (Month) FEB (Day) 7, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-10-86

9. AGE last birthday: 63 yrs. If under 1 year: Months 4, Days 28, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Faquier Cnty, Vurginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Pearson

14. MOTHER'S MAIDEN NAME: Mary Ann Vogt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sister: Hester Pearson, same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 x Immediate cause (a) Bronchogenic Carcinoma of Lung — Interval between onset and death: 2½ yrs

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? XXX Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, FEB, 1950, to 7, FEB, 1950, that I last saw the deceased alive on 7, FEB 50, and that death occurred at 1140A m., from the causes and on the date stated above.

SIGNATURE R. P. Levy (Degree or title) R.P. LEVY, LTJG, MCR, USNR ADDRESS U. S. Naval Hospital, Bethesda, Md. DATE SIGNED 2-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2-10-50 NAME OF CEMETERY OR CREMATORY Grace Church Cemetery LOCATION (City, town, or county) (State) Faquier County, Virginia

DATE REC'D BY LOCAL REG. 2-8-50 REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers, 1400 Chapin St, NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01741

Reg. Diat. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Wheaton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montg

City or town Wheaton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2710 - Elnora St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sola C Phelps

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M Mar

6.(b) Name of husband or wife: Wm R Phelps

7. Birth date of deceased (mo., day, yr.): 1-6-1890 6.(c) If alive, give age ..... years

8. AGE: Years	Months	Days	If less than one day
60			..... hrs. ..... min.

9. Birthplace: D C. (Town, county, and state)

10. Usual occupation: N. W

11. Industry or business: Home

FATHER — 12. Name: Chas A Rodier

13. Birthplace: D C.

MOTHER — 14. Maiden name: Mary Dee

15. Birthplace: Ireland

16. Informant: Mrs Wm R Phelps

Address: 2710 Elnora St

17. Burial, cremation, or removal: Mt Olivet Cem. Which? Date thereof 2-20-50 (month) (day) (year)

Cemetery or crematory: Mt Olivet Cem

Location: Wash D. C

18. Funeral director: Huntsman Funeral Home

Address: 5732 Ga Ave

19. Feb 17 50 (Date rec'd by registrar) 19 ..... Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2 | 16 | 50 19 ..... at 8.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 | 5 | 49 19 ..... to 2 | 16 | 50 19 .....

and that I last saw h... alive on 1 | 20 | 50 19 .....

Immediate cause of death: Cerebral hemorrhage — DURATION: 2 minutes

Due to:

Due to:

Other conditions: Hypertension

Previous Stroke

(Include pregnancy within 3 months of death)

331

Major findings of operations:

83a Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Patrick C. Jameson M. D. or other

Address 11607 Ga ave Date signed 2/16/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Coroner notified
Will O.K.

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01743

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (In this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Howard Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): Howard Ave.

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) Estelle (Last) Poteat

4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 3, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months 4 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Simmons

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary V. Poteat - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brochant (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 1-11-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial-transit DATE THEREOF: Feb. 11, 1950 NAME OF CEMETERY OR CREMATORY: Marion, N. C. LOCATION (City, town, or county) (State): McDowell County, N.C.

DATE REC'D BY LOCAL REG.: 2/11/50 REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR: Robert C. Humphrey ADDRESS: Bethesda, Md.

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01744

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 5 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 5407 Carolina Place NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alice	Bern	POWELL	2-11-50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	1-20-26	24 yrs.	0	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Transit Company	McLean, Virginia	US

13. FATHER'S NAME: Thomas H. Bern

14. MOTHER'S MAIDEN NAME: Carrie McClanahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Husband: Douglas Powell, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute disseminated lupus erythromatosus	3 months
	(c)	

456X 153

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 15, DEC, 1949, to 11, FEB, 1950, that I last saw the deceased alive on 11, FEB, 1950, and that death occurred at 515A m., from the causes and on the date stated above.

SIGNATURE W.C. Marsh (Degree or title) ADDRESS DATE SIGNED

W.C. MARSH CDR, MC, USN, U S Naval Hospital, Bethesda, Md 13 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-14-50	National Memorial Park	Falls Church, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
13 Feb 50	Elizabeth Willett	George W. Wise, 2900 "M" Street, NW Washington, D.C.

26644 J.C.F.

VS. A15

RECEIVED
FEB 14 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01745

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Over 20 years

Hospital, institution, or street address where death occurred:

822 Gist Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No. 822 Gist Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

EDITH ADAMS POWELL

3.(b) Social Security Number

No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Lucien F. Powell

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 30, 1897

8. AGE: Years	Months	Days	If less than one day
52	5	4	..... hrs. ..... min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Barclay Adams

13. Birthplace Hamilton, Ontario, Canada

MOTHER

14. Maiden name Linda Carroll

15. Birthplace Harloak, Maryland

16. Informant Mr. Lucien F. Powell

Address 822 Gist Ave., Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7, 1950 (month) (day) (year)

Cemetery or crematory Arlington National Cemetery,

Location Arlington, Virginia

18. Funeral director Warner E. Pumphrey, Inc.

Address 8434 Georgia Ave., Silver Spring, Md.

19. Feb 6, 1950 (Date rec'd by registrar) 19..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1950 at 2:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5 1949, to Feb. 4 1950 and that I last saw h(er) alive on February 4 1950.

	DURATION
Immediate cause of death Metastatic Carcinoma of Brain	3 months
Due to Carcinoma of right breast (Breast amputated March 4, 1949)	One year
Due to	
Other conditions	

170.4
50
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Howlett, M. D. M. D. or other

Address 926 Eliza Ave., Silver Spring, Md. Date signed Feb. 5 1950.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01746

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: PA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) LENGTH OF STAY (in this place): 3hrs 15 min.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): Shore Drive

3. NAME OF DECEASED (Type or Print)	(First) Max	(Middle) Robert	(Last) POYNTON	4. DATE OF DEATH	(Month) 2-1-50	(Day)	(Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 7-8-86	9. AGE last birthday: 63 yrs.	If under 1 year Months: 6	Days: 24	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Maintenance	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME: James Poynton	14. MOTHER'S MAIDEN NAME: Sophie Holmes						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) None	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Wife: Grace C. Poynton, same address					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
610 X Immediate cause	(a) Bilateral pyelonephritis and pyelonephrosis due to	Prob. few weeks
Antecedent cause(s)		
1376 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic obstruction	Prob. several months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 FEB, 1950, to 1 FEB, 1950, that I last saw the deceased alive on 1 FEB, 1950, and that death occurred at 825P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C.F. Park	C.F. PARK, CDR, MC, USN	U. S. Naval Hospital, Bethesda, Md.	3 Feb 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-6-50	Fort Lincoln	Prince Georges, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
2 Feb 1950	Elizabeth Willett	The S.H. Hines Co. S.H. HINES, 2901 14th St, NW, Washington, D.C.	

45055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 411

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01747

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montg Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Gaithersburg
LENGTH OF STAY (in this place): 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) Lillian (Last) Purdum

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar 16th1862

9. AGE last birthday: 87 yrs. If under 1 year: Months. 11 Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Montg Co. Md,

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles R Murphy

14. MOTHER'S MAIDEN NAME: E Rebecca Mannake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs George S. Ward, Gaithersburg Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral apoplexy	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arterio-selerosis	
(c)		

3347 83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1950, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. C. Hartley, M.D. 103 Forest Ave, Rockville, Md. 2/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2/18/50

NAME OF CEMETERY OR CREMATORY: Clarksburg Cemetery

LOCATION (City, town, or county) (State): Clarksburg Md,

DATE REC'D BY LOCAL REG. Feb 17 1950

REGISTRAR'S SIGNATURE: Alvada L. Locke

24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner, Gaithersburg Md,

VS. A15

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01748

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 5400 North Carlin Spring Rd

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Female (Last) RILEY

4. DATE OF DEATH: (Month) FEB (Day) 23. (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-23-50

9. AGE last birthday: 0 yrs. — If under 1 year: Months: 0 Days: 2 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Russell R. Riley

14. MOTHER'S MAIDEN NAME: Jo Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Father: Russell R. Riley, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

763.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atlectasis Congenital

161a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXXX No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21, FEB, 1950, to 23, FEB, 1950, that I last saw the deceased alive on 23, FEB, 1950 and that death occurred at 0115A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: PAUL PETERSON, Captain, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED: 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 24 Feb 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 3 March 50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Robert Pumphrey. 7557 Wisconsin Ave Bethesda, Maryland R.P.

2-0-2-21-0-3 - 1-39-3

RECEIVED
MAR 6 1950
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01749

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1mo 21dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1311 M Street, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Algot	"E"	Ring	FEB 27, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	5-26-88	61 yrs.	9	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Not known		Sweden	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gustave Ring	Hilda Naeow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WWI		Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Peritonitis	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cholecystitis acute	3 mos
	(c) adenocarcinoma of gall bladder	? 6 mos

155 / 46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6, JAN, 1950, to 27, FEB, 1950, that I last saw the deceased alive on 27, FEB, 1950, and that death occurred at 720P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.J. Dempsey, LTJG, MC, USN, U.S. Naval Hospital, Bethesda, Md 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-3-50	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3 March 50	Elizabeth Willett	W.W. Chambers, 1400 Chapin St, NW, Washington, D.C.

RECEIVED
MAR 6 1950
BUREAU, V. S.

01750

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 7 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 260 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2032 I St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Laurie (Last) Rollins
4. DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 10, 1860
9. AGE last birthday 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired dressmaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alexandria, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Harrison Beach
14. MOTHER'S MAIDEN NAME Catherine Arrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 1401 Mt. Vernon Blvd. Mrs. Annie Marie Sheridan, Alexandria, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral vascular accident due to — 2 days

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension and — years?

(c) Arteriosclerosis, generalized. — years?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease, myocardial decompensation 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1950, to Feb. 2, 1950, that I last saw the deceased alive on Feb. 2, 1950, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace N. Mook M.D. ADDRESS 805 Carroll Ave. Takoma Pk. Md. DATE SIGNED 2-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 7-1950
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 2/3/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Geo W Wise C. Inc. ADDRESS 2900 M St N.W. Wash. D.C.

49606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 7 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01751

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10600 Georgia Ave

3. NAME OF DECEASED (Type or Print) (First) Harriet (Middle) Essex (Last) Rubenacher
4. DATE OF DEATH (Month) 2 (Day) 18 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH July 19-1868
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Essex
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS RB Essex 7304 Cyprus Pl. Chevy Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Essential, Arterial

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to 18 Feb, 1950, that I last saw the deceased alive on 17 Feb, 1950, and that death occurred at 7:29 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Marshall Cuvillier Jr. MD. ADDRESS 8648 Georgia Ave Silv. Spring DATE SIGNED 18 Feb. '50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE Feb. 20, 1950 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. LOCATION (City, town, or county) (State) Wash., DC.

DATE REC'D BY LOCAL REG. 2-18-50 REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Jos. Gawler's Sons, Wash., DC. ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 23 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01752

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 612 B Street, SE

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Thomas (Last) SAMUELS

4. DATE OF DEATH: (Month) FEB (Day) 18, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negor

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-24-84

9. AGE last birthday: 65 yrs. If under 1 year: Months: 5 Days: 24 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mason Samuels

14. MOTHER'S MAIDEN NAME: Anna Van Buren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Della Samuels. same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Several hours

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) due to arteriosclerotic Ht. disease — INTERVAL BETWEEN ONSET AND DEATH: several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10, FEB, 1950, to 18 FEB, 1950, that I last saw the deceased alive on 18, FEB, 1950, and that death occurred at 12:33P m., from the causes and on the date stated above.

SIGNATURE: C.F. Park (Degree or title) ADDRESS: C.F. PARK, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED: 2-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-21-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 2-20-50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.E. Jarvis. 1432 U Street, NW, Washington, D.C.

42099

RECEIVED
FEB 21 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

01753

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10420 Loraine Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1450 Summerset Pl. N. W., Apt.# 103

3. NAME OF DECEASED (Type or Print): (First) Wilhelmina (Middle) Pfaff (Last) Sanders

4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1950

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 16, 1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Cheif Clerk, Finance Dept., U. S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry C. Pfaff

14. MOTHER'S MAIDEN NAME: Catherine Heimiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: William H. Pfaff - brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Cerebro-Hemiplegia	3 mo

433.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank L. Brashear (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 2-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/25/50 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: 2/23/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

11297

VS. A15A

RECEIVED
JUL 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01754

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
   LENGTH OF STAY (in this place): 5mo 21 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
   STREET ADDRESS (If rural, give location): 3963 R Street, SE ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Richard (Last) SCHELL

4. DATE OF DEATH: (Month) FEB, (Day) 22, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-16-71

9. AGE last birthday: 78 yrs. If under 1 year: Months 10, Days 6, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Bally, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Schell

14. MOTHER'S MAIDEN NAME: Matilda Rare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Spanish

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Son: Kermit Schell, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Prostate	2-3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma prostate, Metastases to Sacrum	"
	(c) Arteriosclerotic Heart disease.	Unkn.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 1, 1950, to FEB 22, 1950, that I last saw the deceased alive on FEB 22, 1950, and that death occurred at 955 A m., from the causes and on the date stated above.

SIGNATURE: H.J. COKELY (Degree or title): Captain, MC, USN ADDRESS: U.S. Naval Hospital, Bethesda, Md DATE SIGNED: 2/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-27-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-27-50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: Timothy Hanlon, 641 H Street, NE Washington, DC

T.J.H. 34677

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215 #1755

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 7601 Foote Street, SE

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Male (Last) SCHUMANN

4. DATE OF DEATH: (Month) FEB (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2-21-50

9. AGE last birthday: 0 yrs. | If under 1 year: Months. 0 Days 0 | If under 24 hrs.: Hours 8 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard Schumann

14. MOTHER'S MAIDEN NAME: Jane DeLashmutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Father: Richard Schumann, Same as item

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGENITAL ATLECTASIS

7625 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 759 (b) IMMATURITY

(c)

INTERVAL BETWEEN ONSET AND DEATH: #2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21, FEB, 1950, to 21, FEB, 1950, that I last saw the deceased alive on 21, FEB, 1950, and that death occurred at 850P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Peterson, Captain, MC, USN, U.S. Naval Hospital, Bethesda, Md 2/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: 2-22-50 | NAME OF CEMETERY OR CREMATORY: Path Dept | LOCATION (City, town, or county) (State): Naval Medical School, National Naval Medical Center, Bethesda, Maryland

DATE REC'D BY LOCAL REG. 2/28/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | FUNERAL DIRECTOR AND ADDRESS

2-0-2-21-0-28-4-21-0

RECEIVED
MAR 1 1950
BUREAU V. S.

01756

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 MAPLE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
STREET ADDRESS (If rural, give location) 805 MAPLE AVE.

3. NAME OF DECEASED (Type or Print) (First) LILA (Middle) B (Last) SEVILLE
4. DATE OF DEATH (Month) 2 - (Day) 15 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JUNE 5 - 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) PENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN BRYAN
14. MOTHER'S MAIDEN NAME MARY HILES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT FRANKLIN B. SEVILLE (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	Immediate
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23, 1948, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 12:25 A m., from the causes and on the date stated above.

SIGNATURE Frank R. Shea (Degree or title) M.D. ADDRESS 4100 22d St. NE Wash DC DATE SIGNED 2/15/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 2-18-50
NAME OF CEMETERY OR CREMATORY OAK SPRING CEMETERY
LOCATION (City, town, or county) CANONSBURG, PENN. (State)

DATE REC'D BY LOCAL REG. 2/15/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. NW Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

21039
01757

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 36 hrs-
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 901 Thayer Ave-

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Shaw

4. DATE OF DEATH: (Month) Feb- (Day) 8, (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 23, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months 4 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam fitter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mont. Co. Md.

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Levi Shaw

14. MOTHER'S MAIDEN NAME: Elizabeth Leizear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. 577-05-3855

17. INFORMANT AND ADDRESS: wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X 61

Immediate cause (a) Diabetes Mellitus — Interval Between Onset and Death: 6 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 5 yrs

(c) Cerebral hemorrhage — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July -, 1935, to Feb 8, 1950, that I last saw the deceased alive on Feb 8, 1950, and that death occurred at 10:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. M. Mitchell M.D. 8055-13th St. Silver Spring, Md 2-8-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

2-9-50 | Colesville Cemetery | Colesville, Montg. Co. Md.

DATE REC'D BY LOCAL REG. 2/9/50 | REGISTRAR'S SIGNATURE Helen Kurrack

24. FUNERAL DIRECTOR | ADDRESS

Warner & Umphrey Inc. Silver Spring, Md.

3480

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01758

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Chevy Chase, Maryland

City or town: Montgomery Co.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Chevy Chase

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4609 Norwood Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: SAMUEL H. SIMON

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife: Fannie

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): About 1873

8. AGE: Years: 76 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: JACOB SIMON
13. Birthplace: Russia

MOTHER
14. Maiden name:
15. Birthplace:

16. Informant: Mr. Joel Wolfson

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-6-50 (month) (day) (year)

Cemetery or crematory: Benai Israel

Location: Olney Ville, Md.

18. Funeral director: B. Damaneky & Son

Address: 3501 - 14th St., N.W.

19. 2-3-50 (Date rec'd by registrar) 19..... Helen Burvach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 3 19 50 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 19 45 to Feb 3 19 50 and that I last saw him alive on Feb 3 19 50

Immediate cause of death	DURATION
Chronic Myocarditis	6 months
Due to Splenomegaly with Leucopenia	15 years
Due to	
Other conditions	

204.4

(Include pregnancy within 3 months of death)

74a

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harry Friedenberg, M.D.
M. D. or other

Address: 900 - 18th St. N.W. Washington D.C. Date signed: 2/3/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 6 1950
BUREAU V. S.

01759

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6405 Ridgewood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6405 Ridgewood Avnue

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Cross (Last) SLINGLUFF
4. DATE OF DEATH (Month) (Day) (Year) 2-8-50 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-21-91
9. AGE last birthday 58 yrs. If under 1 year Months 4 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired LCDR
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Frank Slingluff
14. MOTHER'S MAIDEN NAME Belle Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT Former hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Died suddenly

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-13-50
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-9-50
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR W.W. Chambers, ADDRESS 3072 M Street, NW, Washington, D.C.

ADP 60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01760

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Buntonsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural)
STREET ADDRESS (If rural, give location) near Buntonsville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Henry	Sofer	Feb	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	8-10-96	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer-Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Sofer
14. MOTHER'S MAIDEN NAME: Bessie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.:
17. INFORMANT: Chas R. Sofer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
979X Immediate cause	(a) Hemorrhage due to severance	sudden
164d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) of rt & left jugular veins	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Buntonsville	Monty	md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
2	22	50	7:15 A m.			self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bronhart	M.D.	Gaithersburg md	2-22-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 24/1950	Union Cemetery	Buntonsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 24-50	Gertrude B Fowler	DeWitt Donaldson	Laurel, Md.

00000

7358 K

RECEIVED
MAR 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01761

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 54 Eye Street, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Washington	SPINNER	FEB 17, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	2-22-12	37 yrs.	11	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor		Virginia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Monroe Spinner	Louise Ricksey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WWII		Wife:Eula Spinner, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronaire Failure	Several days
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension (Ht. Dis.	Several years
443 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis & azotemia — Bronchopneumonia — Several yrs. Few days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7, JAN, 1950, to 17, FEB, 1950, that I last saw the deceased alive on 17, FEB, 1950, and that death occurred at 10:05P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C.F.PARK, CDR, MC, USN, U.S.Naval Hospital, Bethesda, Md. 2-21-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-50	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-20-50	Elizabeth Willett	L.E.Murray, 1337 10th St, NW, Washington, D.C.

F. Brooks. 36099

RECEIVED
FEB 21 1950
BUREAU OF S

Evidence for addition of 9 shown on:

FILM No. G 125 MAR 27 1950

01762

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7316 Aberdeen Rd.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) J. (Last) STAKEM

4. DATE OF DEATH (Month) Feb. (Day) 26, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH About 1910
9. AGE last birthday 39 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Mgr.
10b. KIND OF BUSINESS OR INDUSTRY Nat. Cash Reg. Co.
11. BIRTHPLACE (State or foreign country) Lonoconing, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas C. Stackem Sr.
14. MOTHER'S MAIDEN NAME Alice McPartland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Eleanor G. Stackem 7316 Aberdeen Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	5 mins
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Ht Disease	6 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Nov, 1949, to 2.26, 1950, that I last saw the deceased alive on 13 Feb, 1950, and that death occurred at 3.30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. G. Mac Murray, M.D. 1150 Conn. Ave. NW
ADDRESS Arrived at 4 pm, 2.26.50, to find him dead.
DATE SIGNED 2.27.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 1, 1950
NAME OF CEMETERY OR CREMATORY Old Cathedral Cemetery
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 2-27-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

15660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1950
BUREAU V. S.

01763

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #2 Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Layhill-Silver Spring R.F.D. #2.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Elmer (Last) Stephens
4. DATE OF DEATH (Month) February (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 4/9/1896
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Mechanic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Charles E. Stephens.
14. MOTHER'S MAIDEN NAME Nora Blake Talbott.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	20 Minutes
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	3 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1949, to 2/15, 1949, that I last saw the deceased alive on 2/15/, 1950, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring, Md. DATE SIGNED 2/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 17, 1950
NAME OF CEMETERY OR CREMATORY Arlington Nat.
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. 2-16-50
REGISTRAR'S SIGNATURE Gertrude B. Lawler
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md. 36099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

FEB 24 1950
BUREAU U. S.

01764

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 408 — Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4118 — 13 Pl N.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Annie Alicia Sweeney.
4. DATE OF DEATH (Month) (Day) (Year): Feb. 18 1950

5. SEX: Fem.
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Nov 4 1860
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ossining N.Y.
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Thomas McLean
14. MOTHER'S MAIDEN NAME: Maria Sisson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: James B Sweeney.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia rt lobar — 2/13-18/50

490 X Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Cardiovascular Disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1950, to 2/18, 1950, that I last saw the deceased alive on 2/18, 1950, and that death occurred at 1 50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Howard I Moose M.D. 28 Carroll Ave Takoma Park, Md 2/18/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: Feb. 21-1950 — NAME OF CEMETERY OR CREMATORY: St James Ch. Cem. — LOCATION (City, town, or county) (State): West Falls Church, Va

DATE REC'D BY LOCAL REG.: 2/18/50. — REGISTRAR'S SIGNATURE: J. H. Wm Dodd — 24. FUNERAL DIRECTOR ADDRESS: L. Bailey's Funeral Home 2025 R.I. Ave. N.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2/28/50

I

RECEIVED
FEB 21 1950
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01765

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
LENGTH OF STAY (in this place) 23 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs.
STREET ADDRESS (If rural, give location) 2615 Newton St.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Jane (Last) Tate

4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-4-89
9. AGE last birthday 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Riley Creek. Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry May
14. MOTHER'S MAIDEN NAME Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of left Breast — INTERVAL BETWEEN ONSET AND DEATH: Apr 1947

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Gen Metatasis chiefly in Lungs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr 20, 1947
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28/, 1949, to 2/6/, 1950, that I last saw the deceased alive on 2/5/, 1950, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE Howard Moore (Degree or title) Md ADDRESS 20 Carroll Ave Takoma Park Md DATE SIGNED 2/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 8, 1950
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Bladensburg Rd. Pr. Geo Co. (State) Md.

DATE REC'D BY LOCAL REG. 2/6/50.
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. Arthur Waters, 254 Carroll St NW DC Takoma Park ADDRESS

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01766

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred: Glen Manor – Forest Glen

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: DC County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 1221 Spring Rd (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: RACHEL TEPLITZKY

3. (b) Social Security Number:

4. Sex: Femal

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? About 1864

8. AGE: Years: 85 ? Months: Days: If less than one day: hrs. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Housedutes

11. Industry or business:

FATHER
12. Name: Samuel
13. Birthplace: Russia

MOTHER
14. Maiden name: Goldie
15. Birthplace: Russia

16. Informant: Harry Teplitzky

Address: 5833 3rd pl. NW

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Feb 9 – 1950 (month) (day) (year)

Cemetery or crematory: Elesavetgrad

Location: Annacostia – D.C.

18. Funeral director: Goldberg Funeral Home

Address: 4217 – 9th St. N.W.

19. Feb 9 1950 (Date rec'd by registrar) Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 8 1950, at 2 45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 1940, to Feb. 8 1950 and that I last saw her alive on Jan. 25 1950

Immediate cause of death: Cardiac Failure — DURATION

Due to: Myocarditis — 6 mos

Due to:

Other conditions: Pulmonary Emphysema — 10 yrs

422.2 (Include pregnancy within 3 months of death)

93e

Major findings of operations: Date of op.

Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Aaron Nimetz M.D. M. D. or other

Address: 5501 – 16th St. N.W. Date signed: 2-8-50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

T

RECEIVED
FEB 13 1950
BUREAU U. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01767

FILE No. G 124 MAR 22 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH · COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 New York Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Penna — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Middlesex
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GRACE	PORTER	TITTSLER	Feb.	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Oct. 14, 1873	76 74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at Home	New Bedford, Penna	USA

13. FATHER'S NAME John B. Porter

14. MOTHER'S MAIDEN NAME Margaret Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mr. Ralph P. Tittsler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	10 min.
584X Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cholelithiasis, acute. Cholecystitis	48 Hours
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
ND	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 4 Feb., 1950, to 7 Feb., 1950, that I last saw the deceased alive on 6 Feb., 1950, and that death occurred at 1 00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J B Queen	M.D.	112 Willow Ave Takoma Park, Md.	7 Feb. 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 10, 1950	Neshaminock Presb. Cemetery	New Wilmington	Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/50	[illegible]	Arthur Walters	254 Carroll Ave. Takoma Park

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1950
BUREAU V. S.

01768

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural)
LENGTH OF STAY (in this place): 17 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Rhode Island — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pawtucket
STREET ADDRESS (If rural, give location): 126 Prospect Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Leighton	Tolman	2	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10-4-1894	55 yrs.	4	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S.Foreign Serv.Officer	U.S.St.Dept.	New York	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Tolman	Anna C. Gerhold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I		(Wife): Isabel C. Tolman, 126 Prospect St. Pawtucket, RI.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1901 Immediate cause	(a) MALIGNANT MELANOMA, MELANOTIC TYPE, WITH WIDESPREAD METASTASES	2 MONTHS
Antecedent cause(s)		
53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MALIGNANT PIGMENTED NEVUS	2 YRS.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 24 JAN, 1950, to 10 FEB, 1950, that I last saw the deceased alive on 10 FEB, 1950, and that death occurred at 525 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. J. McCarthy	LTJG, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	2/15/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-11-50	Riverside Cemetery	Pawtucket, Rhode Island

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/15/50	Elizabeth Willett	JOSEPH GAWLERS & SONS	1750 Pa. Ave., N.W., WASHINGTON, D. C.

1498

RECEIVED
FEB 16 1950
BUREAU V. S.

Turton

01769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Georgetown Rd.	STREET ADDRESS (If rural, give location): 6318 Maple Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	L.	Turton	Feb.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Female	White	Widowed	Feb. 7, 1863	87 yrs.	0	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington, D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Neland	Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		None	Henry Turton - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, Bronchi - Rt. Lung -	1 week
450.0 Antecedent cause(s)	(b) Arteriosclerosis Generalized -	yrs.
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Feb 17, 1950, that I last saw the deceased alive on 2/17/50, 19....., and that death occurred at 8:50 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel Allen	M.D.	Kensington Md	2/17/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/21/50	Glenwood Cemetery	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-50	Helen Kurvack J.	Robert A. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01770

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 727 Taylor Street, NW

3. NAME OF DECEASED (Type or Print): (First) Parker (Middle) (n) (Last) TYLER

4. DATE OF DEATH: (Month) FEB, (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-15-95

9. AGE last birthday: 54 yrs. If under 1 year: Months 3, Days 6, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxicab Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Onanock, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Tyler

14. MOTHER'S MAIDEN NAME: Anne Haunsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Ethel Tyler, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — Few hrs.

442 Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Hypertensive-Cardio-Vascular Renal Disease) — Few yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5, FEB, 1950, to 21, FEB, 1950, that I last saw the deceased alive on 21, FEB, 1950, and that death occurred at 840 A m., from the causes and on the date stated above.

SIGNATURE: C.F. Park (Degree or title) ADDRESS: C.F. PARK, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md. DATE SIGNED: 2-23-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-27-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 2-23-50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.E. JARVIS, 1432 U Street, NW, Washington, D.C. J.W.H 420 50

RECEIVED
FEB 24 1950
BUREAU V. S.

01771

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Monty MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6059 River Rd	STREET ADDRESS (If rural, give location) 6059 River Rd

3. NAME OF DECEASED (Type or Print) (First) Anderson (Middle) (Last) Warren

4. DATE OF DEATH (Month) Feb (Day) 19 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 6-12-1889

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nelson Warren

14. MOTHER'S MAIDEN NAME Susan Claven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.S.A. (If yes, give war or dates of service) War II

16. SOCIAL SECURITY No. 579-09-3934

17. INFORMANT Helen Warren

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
421.4 Immediate cause	(a) Acute Cardiac dilitation	1 hr.
92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular heart disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-19-50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF Feb 23, 1950 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, (State) Va

DATE REC'D BY LOCAL REG. 2-22-50 | REGISTRAR'S SIGNATURE Helen Kurvach | 24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md ADDRESS

98849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FEB 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01772

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 5322 McKinley St.

3. NAME OF DECEASED (Type or Print): (First) LeRoy; (Middle); (Last) Watkins

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan. 21, 1897

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Plant manager

10b. KIND OF BUSINESS OR INDUSTRY: C. & P. Tel. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Watkins

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary thrombosis — Interval Between Onset and Death: 2 hours

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

T4a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED White at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 45 a.m. 2/10, 1950, to 12 15 a.m. 2/11, 1950, that I last saw the deceased alive on 2/11, 1950, and that death occurred at 12 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Roger Kurtz M.D. 3130 Wisconsin Ave. N.W. Washington, D.C 2/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 2/14/50; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-13-50; REGISTRAR'S SIGNATURE: Helen Kurvack; 24. FUNERAL DIRECTOR: Robert D. Humphrey; ADDRESS: Bethesda, Md.

15655

VS. A15

Dr. Broschard notified of death
and release for disposition given.
Rosenkrantz M.D.

RECEIVED
FEB 15 1950
BUREAU V. S.

01773

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Post Office Bldg.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4812 Middlesex Lane

3. NAME OF DECEASED (Type or Print) (First) John (Middle) B (Last) Wells
4. DATE OF DEATH (Month) Feb. (Day) 12, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 4, 1890
9. AGE last birthday 59 yrs. If under 1 year: Months 5 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Newton, Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John T. Wells
14. MOTHER'S MAIDEN NAME Alice Claflin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I.
16. SOCIAL SECURITY NO. Yes
17. INFORMANT Adelaide R. Wells (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-15-50
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 2-14-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Humphrey - Bethesda, Md. ADDRESS

V4093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 16 1950
BUREAU V. S.

01774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1236-11th St. N.W. Apt 6

3. NAME OF DECEASED (Type or Print) (First) Mrs. Pearl (Middle) H (Last) Wessler

4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH May 30, 1873
9. AGE last birthday 76 yrs. If under 1 year Months 8 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Houston
14. MOTHER'S MAIDEN NAME Margaret Waidley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT (Nephew) Sam Houston 1417 Allison St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic squamous cell carcinoma of both lungs	approx 3 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Squamous cell carcinoma of cervix	approx 2 yrs
	(c)	

171 X
48a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Jan, 1950, to 27 Feb, 1950, that I last saw the deceased alive on 27 Feb, 1950, and that death occurred at 10:50 P. m., from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr. (Degree or title) M.D. ADDRESS 5029 Bethesda Ave. Beth Md. DATE SIGNED 27 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 2-4-50
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 2-3-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01775

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville R.F.D.; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville R.F.D.; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) JONES (Last) WHITE

4. DATE OF DEATH: (Month) Febry (Day) 28 — (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 9, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin White

14. MOTHER'S MAIDEN NAME: Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Byron D. White, M.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 Immediate cause (a) Carcinoma of liver — Interval between onset and death: 2 yrs.

46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 19 40, to 2/28, 1950, that I last saw the deceased alive on 2/28, 19 50, and that death occurred at 8:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Byron D. White, M.D. 35 E. Church St. Frederick, Md. 2/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/2/50

NAME OF CEMETERY OR CREMATORY: Monocacy

LOCATION (City, town, or county) (State): Beallsville Md.

DATE REC'D BY LOCAL REG.: March 1950

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. B. Hilton ADDRESS: Barnesville Md.

VS. A15

00048

RECEIVED
MAR 6 1950
V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01776

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 201 Timberwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 201 Timberwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Opie (Middle) Otis (Last) White

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 31 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired): Retired coal miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mines

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harmon White

14. MOTHER'S MAIDEN NAME: Mary White (nee White)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mr. Coy H. White - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Borchart M.D. — Gaithersburg Md — 2-18-50

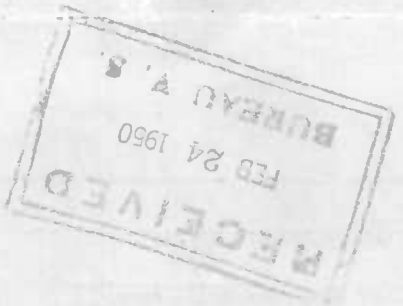
23. BURIAL, CREMATION REMOVAL (Specify) Transportation & Burial | DATE THEREOF 2/19/50 | NAME OF CEMETERY OR CREMATORY Blakely Cemetery | LOCATION (City, town, or county) (State) Belle, Kanawha Co., W. Va.

DATE REC'D BY LOCAL REG. Feb 20/50 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR | ADDRESS: Warner E. Pumphrey, Inc., Silver Spring, Md.

Warner E. Pumphreys 45442

VS. A15A


RECEIVED
FEB 24 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01777

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Williams
4. DATE OF DEATH (Month) Feb (Day) 25 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 7, 1922
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Augustus Williams
14. MOTHER'S MAIDEN NAME Lula Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Augustus Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X Immediate cause (a) Hemorrhage due to shot — 5 min.

166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun wound thru ur lung

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Rockville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Feb (Day) 25 (Year) 50 (Hour) 12:25 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Gun shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Frank J. Brosnhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-25-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3/1/50 NAME OF CEMETERY OR CREMATORY Norbeck LOCATION (City, town, or county) Norbeck, Md (State)

DATE REC'D BY LOCAL REG. 3/1/50 REGISTRAR'S SIGNATURE Louise B. Humphreys
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

98699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01778

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg
STREET ADDRESS (If rural, give location) 845 Florence Ave ✓

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Louise (Last) Wilson
4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2-12-1888
9. AGE last birthday: 61 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Chicago, Ill
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wulff
14. MOTHER'S MAIDEN NAME: Elizabeth Budow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444 X Immediate cause (a) Hydrothorax — Interval Between Onset and Death: 3 wks

Antecedent cause(s)

1246 Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b) Cirrhosis of the Liver — ?

(c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1950, to 2-1, 1950, that I last saw the deceased alive on 2-1, 1950, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert A Hare MD · Takoma Park, Md. 2/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 2/4/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Pr. Geo. Co.
(State) Md

DATE REC'D BY LOCAL REG. 2/3/50
REGISTRAR'S SIGNATURE J. Mills Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW DC. Wash. D.C.
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01779

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda (rural) LENGTH OF STAY (in this place): 9 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 506 Flower Avenue

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Frazier (Last) WILSON

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-16-18

9. AGE last birthday: 31 yrs. If under 1 year: Months 5 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building supt

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lebanon, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bert Wilson

14. MOTHER'S MAIDEN NAME: Nancy Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If year, give war or dates of service): WW11

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Virginia, C. Wilson, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ~~Hypostasis, Lumen~~ Pulmonary Edema	4 days
Antecedent cause(s)	(b) Tumor, myelomyelosis - toxic	12 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

591X

61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XXX

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, FEB, 19 50, to 10 FEB, 19 50, that I last saw the deceased alive on 10, FEB, 19 50 and that death occurred at 7:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. R. Shanahan J.R. SHANAHAN, LTJG, MC, USN

ADDRESS: U. S. Naval Hospital, Bethesda, Md.

DATE SIGNED: 2-12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2-14-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 2-13-50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, 8434 Georgia Avenue, Silver Spring, Maryland

Warner E. Pumphrey Inc. J.K.

12881

260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01780

Reg. Dist. No. 315

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 1536 Key Boulevard

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) David (Last) WISE

4. DATE OF DEATH: (Month) FEB (Day) 15, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-15-81

9. AGE last birthday: 68 yrs. If under 1 year: Months. 9 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George L. Turner (stepfather)

14. MOTHER'S MAIDEN NAME: Mary L. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): S.A.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Son: John Wise, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x Immediate cause (a) Left. Cerebro-Vascular accident. — Interval Between Onset and Death: 4 days.

Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Large Bowel Ca c metastases. — 1 yr. or longer.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 FEB, 19 50, to 15 FEB, 19 50, that I last saw the deceased alive on 15 FEB, 19 50 and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE C. J. Honsik (Degree or title) ADDRESS C. J. HONSIK, LTJG, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED 2/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2-18-50

NAME OF CEMETERY OR CREMATORY: Columbia Gardens

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECD BY LOCAL REG. 2/15/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Ives Funeral Home 2847 Wilson Blvd Arlington, Virginia

39899

J.C.H.

RECEIVED
FEB 16 1950
F.B.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01781

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 Indian Spring Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 301 Indian Spring Drive

3. NAME OF DECEASED (Type or Print): (First) Roselle (Middle) Boteler (Last) Wisner

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 19, 1881

9. AGE last birthday: 68 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George M. Boetler

14. MOTHER'S MAIDEN NAME: Amelia Osler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Gordon S. Parker 301 Indian Spr, Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	20 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Cardio-Vascular Disease	10 years
	(c) Diabetes Mellitus, Moderate	1 year

420.1 / 61 / 260

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1950, to Feb 12, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 2:40 P. m., from the causes and on the date stated above.

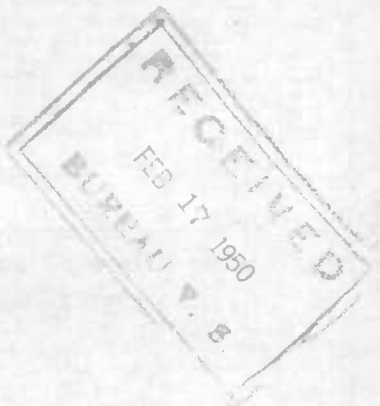
SIGNATURE (Degree or title): George B. Patrick, Jr M.D.
ADDRESS: 8790 Colesville Rd. Silver Spring, Md
DATE SIGNED: Feb. 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb. 14, 1950
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Feb 15/50
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner C. Pumphrey
ADDRESS: Silver Spring, Md.

2-12-50 Coroner Broschart called & he said to sign death Certificate. Decease had been under continuous medical care & was seen in Jan 1950 by Dr. Wm And, Silver Spring, Md George B Patrick Jr MD



MARYLAND STATE DEPARTMENT OF HEALTH

01782

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Casandra (Last) Woodfield

4. DATE OF DEATH: (Month) February (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 11, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Boyer

14. MOTHER'S MAIDEN NAME: Elizabeth Purdum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Bradley M. Woodfield, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Arteriosclerotic heart disease with terminal auricullar fibrillation	15 years 1 week
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis. Chronic cardio-vascular-renal disease with hypertension	15 yrs
	(c) Deep trophic ulcers.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----- 19b. MAJOR FINDINGS OF OPERATION: -----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1935, 19..., to Feb. 11, 1950, 19..., that I last saw the deceased alive on Feb. 9, 1950, 19..., and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. McKendree Boyer M.D. — ADDRESS: Damascus, Maryland. — DATE SIGNED: Feb. 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 13, 1950 — NAME OF CEMETERY OR CREMATORY: Damascus Cemetery — LOCATION (City, town, or county) (State): Damascus, Maryland.

DATE REC'D BY LOCAL REG.: Feb. 13, 1950 — REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR: Clin L. Molesworth — ADDRESS: Damascus, Md.

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01783

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY MONTGOMERY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK; LENGTH OF STAY (in this place) 12 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 HICKORY AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY MONTG.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK; STREET ADDRESS (If rural give location) 34 HICKORY AVE.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EASTMAN (Last) WOODIN

4. DATE OF DEATH: (Month) FEB. (Day) 21, (Year) 1950.

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: APR. 16, 1868.

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED—SCHOOL TEACHER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FOO CHOW, CHINA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: REV. SIMEON F. WOODIN

14. MOTHER'S MAIDEN NAME: SARAH UTLEY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: MISS GERTRUDE L. WOODIN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1950, to Feb. 21, 1950, that I last saw the deceased alive on Feb. 20, 1950, and that death occurred at 10 50 A.m., from the causes and on the date stated above.

SIGNATURE: J. Whitty (Degree or title) M.D. ADDRESS: 6911 5th St. N.W. Wash. D.C. DATE SIGNED: Feb. 21/50

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION; DATE: FEB 24 1950; NAME OF CEMETERY OR CREMATORY: CEDAR HILL CREMATORY; LOCATION (City, town, or county) (State): PENNA AVE PR GEO CO. Md.

DATE REC'D BY LOCAL REG.: 2/21/50.

REGISTRAR'S SIGNATURE: J. Holton Dodd

24. FUNERAL DIRECTOR: J. Arthur Walters ADDRESS: 254 CARROLL ST. N.W. TAKOMA PARK, 12, D.C.

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1950
BUREAU V. S.

01784

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter G. Wright

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Walter G Wright

4. DATE OF DEATH (Month) (Day) (Year): Feb 25 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 27-1875
9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Fairland Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William James Wright
14. MOTHER'S MAIDEN NAME: Ella Reel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetic Coma — Interval Between Onset and Death: 10 days

Antecedent cause(s) (b) Diabetes, Arterio-sclerosis

260 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61 (c) Hemiphlegia (left) — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 1945, to 2/25, 1950 that I last saw the deceased alive on 2/21, 1950 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE J. M. Bird (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 2/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb 27-50
NAME OF CEMETERY OR CREMATORY: Union Cemetery Burtonsville
LOCATION (City, town, or county): Burtonsville Monty. (State) Md.

DATE REC'D BY LOCAL REG. 2-26-50
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: Demitt Donaldson ADDRESS Laurel Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1950
BUREAU V. S.